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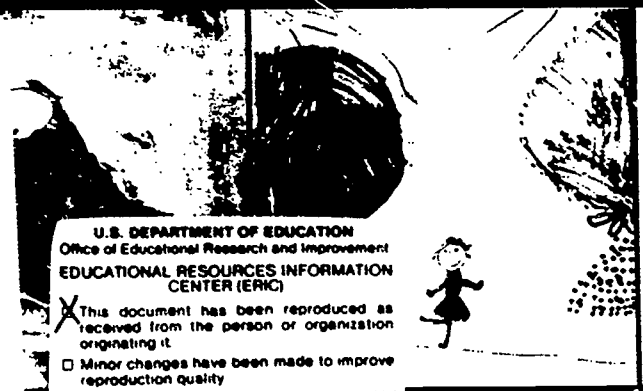
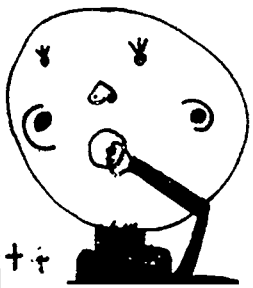
ABSTRACT

Prepared as a contribution to the World Summit for Children organized by the United Nations in New York in September 1990, this report highlights and promotes commitment at the highest political level for goals and strategies that ensure the survival, protection, and development of children. As part of the process of looking beyond survival and of working toward a "fair start" for children, this document offers the following: (1) a straightforward presentation of what is meant by child development, distinguishing it from child survival and growth and linking it to the concept of child care; (2) a rationale for investing in programs of early childhood care and development; (3) a brief description of the evolution of child care and development programs and a sketch of the current configuration of institutionalized programs, with special attention given to changes occurring since 1979 when the International Year of the Child (IYC) was celebrated; (4) a programming framework in three dimensions, combining stages of child development with five complementary program approaches and with a set of program guidelines; (5) brief descriptions of several programs from various countries that illustrate different ways to support and enhance early childhood development; and (6) some conclusions about what needs to be done to increase investment and to move child care and development programs from rhetoric to reality. References are included with each section except the introduction. (TJQ)





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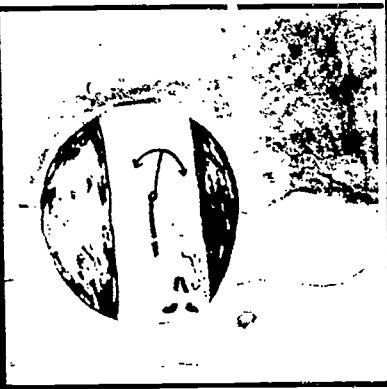

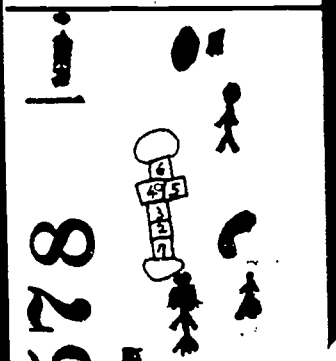

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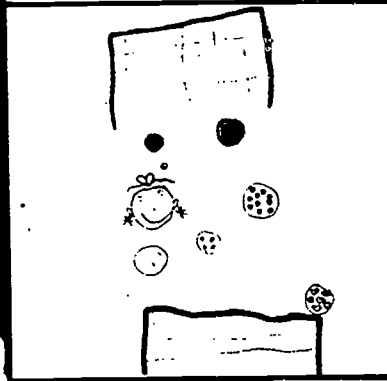

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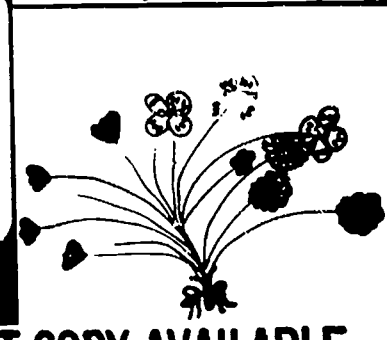

The Young Child and the Family Environment Project, 1990-95

TOWARD
A FAIR START
FOR CHILDREN

Programming for
Early Childhood Care and Development
in the Developing World

Robert G. Myers

The Young Child and the Family
Environment Project, 1990-95

Dr Robert Myers is Co-ordinator of the Consultative Group on Early Childhood Care and Development, New York. He has had extensive experience both in field work and research with the Ford Foundation and UNICEF. He is at present a member of the Scientific Advisory Group for UNESCO's Young Child and the Family Environment Project.

In his work, Dr Myers has urged that the struggle to save children's lives should not be dissociated from the effort to make those lives meaningful. His book, *The Twelve Who Survive*, providing a comprehensive perspective on early childhood programmes in the developing world, was published by Routledge of London in 1992

The author is responsible for the choice and presentation of the facts contained in this book and for the opinions expressed therein, which are not necessarily those of UNESCO and do not commit the Organization.

Requests for further copies of this book should be sent to the address below:

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Preface

Toward a Fair Start for Children was prepared as a contribution to the World Summit for Children organized by the United Nations in New York in September 1990. The purpose of the study is to highlight and promote commitment at the highest political level for goals and strategies that ensure the survival, protection and development of children, whose self-fulfilment is indissociable from the progress of human societies.

On the basis of a profound theoretical understanding, and many years' practical experience, the author, Dr Robert Myers, outlines what early childhood development means internationally at the threshold of the 21st century. He reminds us that childhood is a time of pain for many of the world's children and sets out clearly what needs to be *done*. He moreover makes us aware that the anguish of these children and their families is doubly tragic when one considers that many of the problems they encounter could be mitigated by more widespread application of accumulated knowledge and experience of early childhood development.

His work, then, is a plea to the international community to accept the challenge of caring for the world's children and to embark rapidly on comprehensive, integrated and enlightened programmes of child survival *and* development in preparation for the new century. The need is so manifest that this call for a "fair start" for all children cannot, in all conscience, be allowed to go unheeded any longer.

Dr Myers convincingly illustrates the achievements and difficulties recorded by parents, caregivers, communities and governments in different parts of the world. His basic premise - that the struggle to save children's lives must go hand in hand with an effort to make those lives meaningful - should be the guiding principle and preoccupation of all those involved in early childhood care, development and education.

As one of the many organizations concerned with early childhood development and education, UNESCO is fully conscious of the importance of this task. It has a wealth of experience in educational matters as well as a clear record of achievement in helping to improve the situation of young children in the most deprived areas of the world.

In this important task of educating and sustaining young children, their parents and families, great responsibilities and opportunities exist for the international agencies, as underlined by the Executive Director of UNICEF, James P. Grant, in his inspiring address to the Executive Board of UNESCO in November 1988:

> *"We find ourselves at a particularly exciting time of opportunity: there is a new and growing capacity to empower persons everywhere with the knowledge to protect and provide for their families and, in particular, to care for and nurture their children."*

UNESCO's new interdisciplinary and interagency project - in particular, with UNICEF and WHO - on *The Young Child and the Family Environment* responds directly to this call to action. By focussing its efforts on such vital areas as nutrition, early childhood stimulation, childrearing practices in situations of disruption and change, childhood disabilities, preschool education and the mobilization of both modern and traditional resources to improve children's abilities and well-being, UNESCO seeks to make a sustained and significant contribution to ensuring a fair start for children.

In his public lecture "Who Cares for Children" delivered at UNESCO in September 1989, Urie Bronfenbrenner - a great friend of children and pioneer in child studies - said:

> *"The most potent dynamic that will bring success to our effort is the new hope to families and nations across the world of seeing children, seemingly fated to a life of failure and pain, bloom into competent and caring human beings."*

This dynamic will not be the product of isolated efforts; we have a common responsibility to will and to work for the achievement of this goal.

Federico Mayor

Director-General of UNESCO

Acknowledgements

The writing of this document has been made possible by the support of various organizations which have, over the past six years, participated in the Consultative Group on Early Childhood Care and Development. The Consultative Group is an informal inter-organizational mechanism for gathering, synthesizing, and disseminating information about early childhood care and development, with an emphasis on programmes in the developing world. These organizations have funded many of the concept papers and reviews that are drawn upon so heavily in the following pages. Their support has also allowed me the luxury of reflection and writing. The three principal participants in, and contributors to the Consultative Group are the Ford Foundation, UNICEF, and The Agency for International Development. Other participating organizations in the group have been: UNESCO, the International Development Research Centre, the Aga Khan Foundation, The Carnegie Corporation, The World Bank, the Rockefeller Foundation, Save the Children, the International Child Development Centre, the Bernard van Leer Foundation, the Swedish International Development Agency and the American Health Foundation.

Neither the Consultative Group activities nor this writing would have been possible without the support of the High/Scope Educational Research Foundation, and particularly of its President, David Weikart. High/Scope has served the Consultative Group in a technical advisory capacity and has provided the organizational and administrative home for its Co-ordinating Unit. Special thanks go also to UNESCO and the members of its Young Child and the Family Environment Project who have gone beyond the call of duty in helping this document take shape and appear.

Finally, I am grateful to my colleague Cassie Landers and to the members of the Advisory Committee of the Consultative Group for their moral and intellectual support.

Robert G. Myers
Mexico City, June 1990

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I INTRODUCTION

Child care and the social, intellectual and physical development of infants and young children, especially in the developing world, are the topics outlined in the present document[1]. At issue is the well-being and development of children in Nepal, Nigeria, Nicaragua and elsewhere who are managing to survive in spite of being born into poverty and living in life-threatening conditions. These young survivors are increasing in number. In their survival they are at the same time a delight, a hope for the future, and a daily problem for poor families struggling at the margin to survive.

At least 12 of every 13 children born in 1990 will live to see a first birthday. When that statistic is compared with the 1960 figure of 5 for every 6 children born, it is clear that an important advance has been made in child survival over the 30 years. Projections for the year 2000 suggest that 19 of 20 children born are expected to survive to age one.

A great deal of emotional energy will be spent in the coming decade worrying about the one child who is still at risk to die. Large sums of money will be spent trying to save her. And that should be. But what will happen to the twelve, or nineteen, surviving children? Who is worrying about them in their early and formative years? Who is looking beyond survival to ask, and answer, the question, "Survival for what?"

Unfortunately, most surviving children continue to live in the same conditions of poverty and stress that previously endangered their lives. These and other conditions now put them at risk of impaired physical, mental, social and emotional development in their earliest months and years. Through neglect, millions of surviving children are being condemned to lethargic, unrewarding, unproductive and dependent lives. Deprived of the chance to develop their abilities, they are often unable to cope adequately with a rapidly changing and increasingly complex world.

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1 This presentation is based on a book entitled "The Twelve Who Survive", published by Routledge, London in 1992. The book includes, and this document omits, reviews of the research literature that provide a scientific basis for many of the assertions to be made in the following pages. Also omitted here are more extensive discussions of programme integration (or convergence), community participation, changing patterns of child rearing, going to scale and programme costs. However, key ideas from each of these chapters have been incorporated here, and the conclusions presented are the same.

They are kept from participating in the construction of a better world. These children deserve a "fair start" in life. Instead they experience a "false start" and, from the outset, must sit on the sidelines.

As part of a process of looking "beyond survival" and of working toward a "fair start" for children, this document offers the following:

- a straightforward presentation of what is meant by "child development," distinguishing it from child survival and growth and linking it to the concept of child care.
- a rationale for investing in programmes of early childhood care and development.
- a brief description of the evolution of child care and development programmes and a sketch of the current configuration of institutionalized programmes. Special attention will be given to changes occurring since 1979 when the International Year of the Child (IYC) was celebrated.
- a programming framework in three dimensions, combining stages of child development with five complementary programme approaches and with a set of programme guidelines.
- brief descriptions of several programmes, illustrating different ways to support and enhance early childhood development.
- some conclusions about what needs to be done to increase investment and to move child-care and development programmes from rhetoric to reality.

Though anticipating the conclusions, the following outline of the basic argument will provide the reader with some guidelines for reading this document:

1. Early childhood development is not mysterious, once some common misunderstandings and misconceptions have been clarified.

2. In recent years, important advances have been made in the state-of-the-art; indeed, we know more than we think we know. However, the state-of-the-practice lags well behind the state-of-the-art.

3. There are strong biological, social, economic and political reasons for investing in early childhood care and development.

4. Changing demographic, social, economic and political circumstances have brought an increase in both the need and demand for programmes attending in an integrated way to care and development of the young child.

5. In some countries, programmes of child care and early education covering children ages 0 to 6 have grown dramatically. However, despite the impressive growth overall, coverage remains low, the distribution is skewed, quality is often poor, attention to the learning and development of children under 3 is weak, and there are many programme challenges to be met.

6. The flowering of programme experiences over the last decade has provided a wide range of potentially effective and financially feasible models.

7. The strong rationale, the growing need and demand and the accumulating knowledge and experience about what can be done combine in a strong, even compelling, argument for investment in early childhood. Still, the response of most international organizations and many national governments has been timid and investment has been minimal. The international response has been narrowly conceived, focussing on health, but now seems to be opening to new initiatives.

8. Both national governments and international agencies are hampered in their response, by political constraints, bureaucratic inertia and by compartmentalization, and a set of lingering attitudes and misconceptions about child development.

9. Although cost and financing have frequently been given as reasons for the low level of investment and although these will always be a concern, enough low-cost and effective alternatives are available that the present under-investment in early childhood development does not arise from a lack of resources. It is primarily a matter of acquiring new ways of thinking of taking advantage of existing knowledge about what to do, of looking for ways in which existing governmental and non-governmental organizations can be called upon and motivated to incorporate child development into their on-going programmes, and of mobilizing the political and social will and the available resources to do it.

10. Finally, because we are early in the process of establishing programmes of early childhood care and development, we have room to shape the process, avoiding mistakes that have been made in other programme areas. We have the opportunity as well as the obligation to work diligently and creatively toward providing a "fair start" for children as they move from the womb to the classroom and from the close environment of the family to the larger world.

II WHAT DO THEY MEAN AND WHAT DO WE KNOW?

A programme officer in an international organization recently asserted, "Obviously, a child has to survive before it develops." We shall argue that this is a misconception, that survival, growth, and development are simultaneous (not sequential) processes. Actions promoting survival or growth enhance development and vice versa.

A pregnant woman expresses her surprise to a community worker: "You mean that when my baby is born it will be able to see me? I didn't know that." Yes, that is so and she can hear and feel your touch and communicate with you and do lots of other things that will help you to help her develop.

A director of a child care centre explains with pride to a visitor that, "The children in our nursery get good care. They get fed on time, and good food too. See how clean the place is. We keep them warm. The doctor comes in to see them once a month." That is all to the good, but her concept of child care is limited. It does not seem to include responding to social and intellectual needs.

A government official, asked about support given to programmes of child development, seeks clarification from the questioner: "A child development programme? Oh, you mean like the preschools where the kids play a lot with coloured blocks?" No, not exactly; child development can be fostered in many kinds of programmes, including nutrition, health, and education programmes, and by working with parents and community members as well as with children.

Each of the above introductory comments or questions provides an example of a fundamental misconception or lack of knowledge about child development and care. This lack of understanding and clarity can have a major, negative effect on the actions of parents, professionals, planners, politicians, and funders, and through them on developing children. The concepts of child survival, growth, development and care are not always clear and the evolving terms mean different things to different people, sometimes creating confusion. And, although we know a great deal about how the child develops, that knowledge is not always available to those who care for children or who make decisions about programmes of care and development. Accordingly, we shall address two questions in this chapter:

a) *What do they mean?* in which we shall attempt to clarify what is meant by child survival, growth, child development and child care, and the relationships between them.

b) *What do we know?* in which we shall suggest that we know more than we think we know about child care and development, using examples to show that we have an adequate base to begin our programming and to show that the state-of-the-practice lags behind the state-of-the-art.

What Do They Mean?

Child survival

Somewhat ironically, "survival" is usually defined negatively: to survive is not to die. Infant survival is not dying before age one; child survival is not dying before age five. Consistent with this view of survival, programmes of child survival place emphasis on avoiding death, usually measured by reduction of the infant mortality rate (IMR) or the mortality rate of children under five years of age (U5MR). That emphasis is made easier by the fact that death is a dramatic and final event and can be counted with relative ease and accuracy, even allowing for failures to report infant and child deaths. However, death seldom occurs instantly. Most deaths follow a period of illness and deterioration that can be painfully prolonged or relatively short. Dying is a process, the end of which is death (Mosley and Chen, 1984).

Likewise, living is a process, the end of which is not only survival, but physical, mental and social well-being. Thus, child survival can be defined more positively, being thought of as something more than simply avoiding death. Surviving children fall along a continuum running from near death through sickness to a healthy state. The further a child is along that continuum toward a healthy state, the better the chances are of continued survival. The process of surviving, then, can be thought of as actively seeking a healthy state, of moving toward the healthy end of the death-sickness-health spectrum rather than simply preventing or arresting the process of dying.

Accepting this positive reconceptualization of child survival - as a process of seeking a healthy state at birth and in the early months and years of life - requires looking beyond the analysis of causes of mortality and beyond programmes that reduce mortality. It means examining where children are along a health-growth-development continuum. It means

searching for programmes that will improve their health. This requires clarity about what, in a positive sense, constitutes moving toward a "healthy state" which necessarily include seeking mental and social health as well as physical well-being for young children.

If survival is to be defined positively rather than as "not dying," it should be indexed by an Infant (or Child) Survival Ratio (ISR or CSR) rather than by Infant and Child Mortality Ratios (IMR or CMR). The success of programmes should be measured by increases in a survival ratio rather than by decreases in a mortality ratio. An ISR simply turns the IMR upside down. For instance, in 1988, the IMR was approximately 77 deaths for every 1000 children born, i.e. 1 of every 13 children born was expected to die before the age of one year (Grant, 1988). The ISR would be 923 per 1000, emphasizing that 12 of 13 children live to age one. Using the ISR, we can say that the rate of survival has increased from 5 of 6 children born in 1960 to 12 of 13 children born in 1988.

Suggesting an ISR[1] in contrast to an IMR is more than just an alphabet or numbers game. To emphasize living, as represented by an ISR, provokes a different way of thinking than emphasizing the avoidance of death, as represented in the IMR. It dramatizes the fact that many children somehow manage to live in spite of being "at risk." It provokes questions about the condition of those who live and about what is being done for the welfare of the increasing number of poor and "at risk" children who are surviving.

Growth

To grow is to increase in size. Growth occurs as cells are added to the body or as cells increase in size. The measures of growth most commonly used are weight or height or both. These measures are relatively easy to obtain (compared with measures of social or psychological development), and norms have been developed against which the measures can be compared. This ease of measurement and the availability of standards has

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1 UNICEF's publication The State of the World's Children, 1989, has a special section entitled "Measuring Real Development," (pp. 73-90), in which a table is presented grouping countries according to a Child Survival Ratio (p. 80). However, discussion continues to be in terms of a U5MR.

given rise to the use of growth charts, based on height and/or weight for age, as a convenient means of monitoring a child's growth.

Growth, for children, can be thought of as having attained a certain "growth norm" or it can be seen as a process of steadily increasing in size. There has been a slow shift in recent years from the normative emphasis toward viewing growth as a process. Steady growth indicates progress. Failure to grow (as indicated by failure to gain weight, for instance), points to a need for remedial action. Thus, the particular point where a child falls on a growth chart is less important than the pattern of change, i.e., whether there has been an increase or decrease since the previous measurement. The shift toward viewing growth as a process parallels the shifting conceptualization of survival sketched above, and, as we will see, is consistent also with changing ideas about child development.

Obviously, growth depends on the amount and kind of food a child eats. The relationship between food intake and growth has been a main concern of nutritionists. However, there is a strong tendency among nutritionists to overlook the fact that intake is not only a matter of whether or not food is available; it is also affected by the fact that feeding, particularly in the early years, is a social process. Feeding involves an interaction between the mother, or another caregiver, and the young child.

Growth depends not only on the quantity and quality of the food a child takes in, but also on how well that food is assimilated and used by the body. How well food is used is influenced greatly by the health of a child. A child with diarrhea certainly will not use its food well. Although it was not always the case, the combined effect of food intake and health status on growth is now widely recognized. However, physical growth (and survival) can be influenced also by how well a child is developing socially and psychologically, and by the freedom from stress of a child and the child's caregiver. In most discussions of growth and nutrition, the social and psychological health of caregiver and child is not included. The importance of the effect on nutrition and health of developmentally sensitive interactions is not properly understood and is not given its due.

Child Development

Child development is not the same as growth, although, as suggested in the preceding discussion, the terms are interrelated and are often used interchangeably. Whereas growth is described by a change in size, development is characterized by changes in complexity and function. A child who learns to co-ordinate eye and hand movements in order to grasp an object shows a sign of developing a more complex way of thinking, independent of the size of the child. The ability to grasp signifies greater control over one's environment. These changes are very different from an increase in height from 70 to 75 centimetres or in weight from 10 to 12 kilograms.

Although it is difficult to arrive at a consensus about some aspects of child development, the following definition, presented in intentionally simple language and extended below through the discussion of characteristics, provides an appropriate starting point for discussion and action:

Child development is a process of change in which the child learns to handle ever more complex levels of moving, thinking, feeling, and relating to others.

As with survival and growth, development can be conceptualized as attaining a certain state, as measured, for instance, by a developmental or intellectual quotient or by whether a child has achieved the co-ordination that allows walking by a certain age. However, as suggested in our definition above, child development can be viewed as a process with several characteristics:

1. *Child development is multi-dimensional*: within its field of action are included the physical motor dimension (the ability to move, co-ordinate); the cognitive dimension (the ability to think and reason); the emotional dimension (the ability to feel) and the social dimension (the ability to relate to others). To describe adequately a child's development, therefore, requires more than measuring how well a child is developing its ability to think or to walk; it requires looking at all of the developmental dimensions. Throughout this essay, emphasis will be placed on the mental, social, and emotional dimensions of development.

Accordingly, reference will be made periodically to "psychosocial" development, a term that encompasses these three dimensions[2].

2. *Child development is integral*, that is, the several dimensions of child development are inter-related and must be considered together. Changes along one dimension both influence and are influenced by development along the others. Emotional development, for instance, affects physical and cognitive development. If a child is under emotional stress and has not developed an ability to cope with that stress, the ability to develop physically and to learn will both be affected. This interaction among conceptually distinct but organically interrelated dimensions requires attention to "the whole child" and emphasis on a "total" or "integrated" approach to programming for child development. Our emphasis on "psychosocial development" cannot therefore be exclusive and must be seen within the broader view of development that includes physical development.

3. *Development occurs continually*. The process of development begins pre-natally and continues throughout life. In its time dimension as well as its content, then, child development must be seen as part of human development occuring over the entire life span. We are concerned here with the child from conception to age 5 or 6 when a child moves beyond the home. But that concern also requires attention to the effects of early development on later development and on behaviours and attainments in all of later life.

Viewing development as a continuing process means that a child is always developing; whatever happens at a given moment helps to prepare the way for what happens in the future. However, the idea of continuity, as used here, does not imply that attainments at one point will continue

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2 Sometimes included as separate dimensions are moral and spiritual dimensions of development. Kohlberg (1976), for instance, has set out stages of moral development. An inner sense of contentment and peace resulting from self-control over greed, anger or envy defines a spiritual goal in some cultures that is central to personal development and that begins in early childhood. While recognizing the need for moral and spiritual development, we have not included these dimensions specifically, preferring to approach them as culturally determined goals guiding social, emotional and cognitive development.

indefinitely or that the path of development is always positive. Changing conditions can undercut or support what has been attained. Nor does the notion of continuity imply that a child suffering delays and problems in early life will necessarily remain forever behind others. On the contrary, children are very resilient, particularly in their earliest years. Changed circumstances can open the way to improvement. If the environment does not change, however, deficits can accumulate, leading to developmental delays. Conversely, appropriate interventions can have a recuperative effect, as will be shown later on.

4. *Child development occurs in interaction*. Development happens as a child responds to, learns from, and seeks to affect his or her biophysical and social environments. It occurs in interaction with people and things. For this reason, fostering development requires more than providing a child with "stimulation." It also requires responses to initiatives taken by the child. A child helps to construct its own environment. A child takes initiatives and influences its surroundings. This fact is central to an understanding of how health and nutrition are affected by a child's psychological and social development, and vice versa.

5. *Development is patterned but unique*. All children develop and there is a general sequence or outline to that development. But the rate and character and quality of development will vary from child to child. Individual variation is the product of a child's special biological makeup and the particular environment in which it struggles to survive and develop. The rate of development will vary from culture to culture as well as from child to child.

As a general guide to understanding where a child is in the process of continuous change, the process is often described theoretically in terms of "stages." Theorists differ with respect to:

- whether it is really possible to identify distinct traits distinguishing one stage or period or step from another;
- the particular aspects of development used to define stages, e.g. physical or social or sexual;
- the relationship of stages to chronological age: how small and limited in time each stage is as against broad definitions encompassing long periods?
- the universality of stages: must they be the same in all cultures?
- must a child pass sequentially through stages? is regression possible? how problems at one stage will affect actions at another? (Thomas,

1985, Ch. 2). Despite these differences, the notion of stages can still be useful practically as well as theoretically if proper caution is exercised.

Is there then a common denominator between cultures in child development, between individual children and between cultures? The main goal of a child's development whatever the circumstances is to adapt to and seek some mastery over his or her surroundings. Because surroundings can be very limiting, some analysts include in the goal of child development the ability to transform one's surroundings. In the short run, however, adaptation and mastery relate primarily to immediate conditions. Yet, over a lifetime mastery and adaptation can and should include adjustment to a variety of surroundings with very different requirements for survival and development. Consistent with this goal, we may view development as "...a lasting change in the way in which a person perceives and deals with his environment" (Bronfenbrenner, 1979).

The developmental goal of adaptation to, mastery and transformation of one's surroundings differs radically from the goals of survival, of being healthy, of attaining a certain level of co-ordination or of achieving a higher intelligence quotient. It requires a disaggregated and decentralized view of early childhood development and takes into account the different cultural and ecological surroundings that place different demands on the child.

Child Care

Child care falls in a somewhat different category from the three previous key concepts. Care consists of the actions necessary to promote survival, growth and development. Caring for a child means responding to basic needs. The basic needs of development go beyond protection, food, and health care to include the need for affection, interaction and stimulation, security provided through consistency and predictability, and play allowing exploration and discovery. These needs appear together. A supportive environment will respond to all of a child's needs which will, however, be defined somewhat differently and be given different priorities by different cultures.

At a minimum, the following child care activities can be specified: providing security, sheltering, clothing, feeding, bathing, supervising a child's toilet, preventing and attending to sickness, nurturing and showing affection, interacting with and stimulating a child, playing and socializing the child to its culture.

Defining child care in this way implies that programmes of child care and of integrated child development should be the same. In this document, child care is used in the broad sense described above, including health and other elements of custodial care, but looking beyond them to include care directed to the psychological, social, and emotional welfare of children.

But child care is commonly used in a much narrower way. Moreover, the meaning attached to "care" is different for different groups attending to young children. In the health community, for instance, care is fundamentally health care defined in terms of preventing or attending to infection and disease. Appropriately, child care is linked to care for the mother in maternal and child health (MCH) programmes.

When associated with programmes designed to improve the "productive" role of women, child care refers to the arrangements made to look after a child while the mother works. Often, that arrangement is "custodial," assigning to another person or institution the temporary responsibility for assuring that a child has shelter, clothing, food, and attention to health needs[3]. This association with custodial care means that child care programmes are usually put in a different category from child development programmes. In fact, child care programmes have not, for the most part, placed much emphasis on stimulation and education components intended to foster the mental and social development of children.

If child care is approached from a social welfare perspective, it is usually associated with institutionalized care, and often with programmes for indigent, abused, abandoned children. These programmes also have a strong custodial tradition. However, when discussing programmes of child care, it is well to look beyond centre-based or institutional care and to include also direct care by a mother, and delegation of responsibility for care to extended family members or to others in a personal social network.

The foregoing discussion of terms may seem to have been a bit laboured to some readers while others will perhaps find it oversimplified. However, existing misconceptions and the general lack of clarity that

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3 For example, when "care" is translated into French, the corresponding word is "protection," leaving little room for a broader definition of care that includes attention to a child's development.

marks many discussions seems to demand both the attempt to clarify and to present these central concepts in straightforward language, and we trust, to show how the concepts of child survival, growth, development, and care are used in this document.

Survival, growth, and development: relating health and nutrition to social and psychological development

The way in which people think about survival, growth and development is mirrored in the way they conceive the relationships among health, nutrition, and psycho-social well-being. Most of the world thinks about health in a holistic way. Physical, social and spiritual well-being are not separated. For instance, herbalists in Oaxaca, Mexico gave the following description when asked:

"What does it mean to be healthy?"

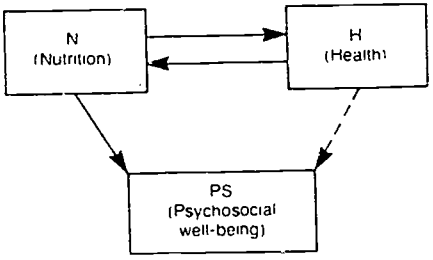
"It is when a person is content, calm, with a desire to work and to eat. The eyes shine. It is when a person has no problems with family, neighbours, or authorities and it is to be well with God and fellow men. In general it is to feel happy."

By way of contrast, the tendency to break health into components and to emphasize physical health is commonplace among medical doctors. That tendency is in part a product of our age of specialization. It also represents the central place a biological model of disease has occupied as the medical profession has developed. These tendencies are evident in the training of doctors worldwide. They are manifest in the programmes of national governments and international organizations that seek survival first and development later, as if the two were sequential.

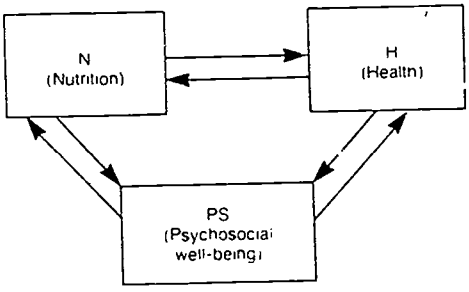
As a first step toward an integrated view of survival, growth, development and the unity between the physical and psychosocial needs of children, a shift is needed in the way in which relationships among health, nutrition, and psychosocial well-being are perceived. Figure 1 depicts the way in which these relationships are presently interpreted by most professionals and planners, and compares that view with an emerging formulation of the relationships.

FIGURE 1
Current and Emerging Views of Nutrition, Health, and Psychosocial Well-being

Current



Emerging



In the view most commonly found among trained physicians, a two-way relationship between health and nutrition is recognized, as depicted by the double arrow between H and N in the figure. Sickness increases the possibility of malnutrition and vice versa.

However, the relationship between either nutrition or health and psychosocial well-being is seen as a one-way relationship, runing from N to PS or from H to PS. The debilitating effects of physical health on social and emotional development are recognized, but a reverse effect, of

psycho-social development (or debility) on physical health is given much less attention. Similarly, the effect of nutritional status on psycho-social development is accepted, and thought to occur primarily as malnutrition affects growth and development of the brain, or, the energy level of a child. Nutritional interventions are (appropriately) thought to affect a child's social and psychological, as well as physical development. But psycho-social development interventions are not recognized as having an affect on nutritional status or on growth.

Although this formulation may seem a caricature to some readers, particularly those who see all of these components as of one piece, the relationships depicted are frequently reflected in major lines of action and in the implementation of programmes.

Slowly, however, a new view of the relationships between health, nutrition, and psycho-social well-being is emerging, as depicted in the second half of Figure 1. In this view, two-way effects are pictured between psychosocial well-being and both health and nutrition, as well as between health and nutrition.

If this newer formulation is accepted, then actions to strengthen social and psychological well-being must be included in health or nutrition programmes focussing on "survival." This viewpoint affirms that improvements in the social and psychological condition of caregiver and child can affect survival and physical development. The evidence to support this position is strong and growing (Zeitlin and Mansour, 1985; Myers, 1992).

What Do We Know

Somewhere between the obvious and the uncertain, we know more than we think we know about early childhood development and about programming to facilitate and foster that development. The field has grown rapidly in the last two decades, bringing new knowledge and some changes in orientation. At the same time, experience has been accumulating at a rapid rate. Undoubtedly, the field will continue to develop and we will continue to improve our knowledge on the basis of concrete experiences. However, a more than reasonable base of knowledge and experience already exists that is sufficient to guide programming, even while we are filling in gaps in our knowledge.

The knowledge base

Consider the following affirmations, derived from the literature on child development, each with an important implication for programming. The statements illustrate scientifically derived knowledge that is useful for programming. Some of the statements are obvious, but bear repeating because of their programme implications. The less obvious statements could be the subject of some debate, but even these would be accepted as reasonable working hypotheses by most experts in the field of early childhood development.

1. A child can see and hear at birth and is also born with predispositions that prepare it to perceive, learn from, and make demands upon the external world. An infant can communicate from birth by crying and through its facial expressions and movements. The implications are important. From birth, an infant can interact with and learn from its environment. Therefore, programmes designed to enhance development can include the newborn, helping parents to be responsive to and promote communication through their interaction with the newborn.

2. Infants differ from birth in their disposition to activity, irritability, and fearfulness, among other characteristics, and therefore differ in what they require from their environment and in their reaction to what caregivers do. The implication is that the same actions by caregivers can produce different effects in different children. Therefore, parents need to be alert to how each particular child responds to the conditions around them. They need to be aware and flexible, and to possess a range of skills and expectations to match the temperament of a given child.

3. Cognitive and social development are related to the growth of brain cells and the development of neural connections. Thus, health and nutrition conditions that damage the brain, even prenatally, when the most growth is occurring, will influence development. In addition, stimulation that provides the brain with exercise will help to improve the connections made and set a stronger base for later development.

4. Children are amazingly resilient, particularly in the earliest years when they seem to have a series of built-in mechanisms to help them develop. A child's development may be delayed, or damage may occur, as a result of problems at birth or because the environment after birth is cruel. However, unless early, prolonged, and severe difficulties (e.g., an extended period of severe malnutrition) occur, a child has the potential to recover and develop normally. Caregivers therefore should be aware that

the fact that a child has suffered from poor health or has been moderately malnourished does not automatically mean its development will be delayed. Recuperation is possible, but as always, prevention is better than cure: preventive programmes beginning with pre-natal care of the mother are preferable.

5. In addition to needs for food, shelter, health care and protection, young children have basic psychological and social developmental needs. These include: a need for love and affection; a need for interaction (including both stimulating and reacting to the child); a need for consistency and predictability in their caregiving environment; and a need to explore and discover. Evidently, programmes of integrated attention to the child should respond to these basic needs as well as to the needs for food, shelter, health care and protection.

6. Although all children have certain basic needs, each child will have a set of individual needs, determined by its own genetic makeup, by the immediate conditions in the family that satisfy (or do not satisfy) some of the basic needs, and by conditions in the community and larger society, both of which set goals and impose limits on the child affecting its development. Programming must take into account these differences in individual needs and in the conditions at the level of family, community, and society that affect development. A programme formula, to be applied to all children and circumstances, is therefore inappropriate.

7. There is a two-way relationship between psycho-social development and the health and nutritional well-being of a child. For example, a child that is alert and/or a child that cries is more likely to obtain a response and to be fed than a child that is listless. Thus, activities that help a child to develop socially and psychologically will make the child more alert and will, therefore, also help to improve the nutritional status and health of a child and its chances for survival.

8. There is a synergistic relationship among the various facets of development; the physical, social, intellectual and emotional facets are part of a whole so that modifications in one area bring change to the others as well. For example, in infants as well as in adults, cognitive processes are related to emotional states because they are related to the onset, control, and reduction of anxiety. In consequence, multi-faceted approaches to programming are needed.

9. The cognitive development of infants living in environments with little variety is generally lower than that of infants living in environments

that contain variety. The implication is that attention should be given to determining the degree of variety present in different environments and to either reinforcing or adding to that variety, according to the needs of the particular child. (Most environments offer variation and there is no need to import things or people to provide needed variation. In exceptional cases, environments are too varied and stimulating, creating confusion.)

10. The social experience of a child will usually have a much stronger influence on future achievement, IQ score, and socially deviant behaviour than condition at birth. In short, a benevolent environment is critical. It is possible for recuperation to occur in such an environment, even in relatively high "at risk" circumstances related to conditions at birth.

11. All children develop, but some children develop faster than others and their development is qualitatively different (applying whatever criterion seems appropriate). Although developmental norms may be useful for judging a large population of children, they should be applied with caution to individuals.

Incorporating Experience

The eleven statements above are given as examples of the knowledge base that can be drawn upon in the design and implementation of programmes for early childhood care and development. But there is another source of knowledge that needs to be taken into account, namely, "traditional wisdom," or "experience". Unfortunately, failure to recognize and draw upon traditional wisdom with respect to significant childrearing practices is common. Until recently, a similar failure to recognise the value of traditional health practices was evident, though traditional medicine has begun, in the last ten to twenty years, to be regarded with greater respect.

Several examples of practices affecting survival, growth, and development will help to make the point. In many cultures, norms are set for the pregnant or lactating woman that include attention to her psychological state. The importance of avoiding stress is recognized and these customs should be honored, both from the standpoint of physical health for the woman and from the standpoint of helping the survival, growth and development of the fetus or the infant.

Many cultures have nutritional taboos that are designed to keep the weight of babies low. Although low birth weight is taken as a characteristic of "risk" by academic health standards, high birth weight appears to be a characteristic of risk by experiential standards. When one

considers the average stature of women in the rural highlands of Guatemala or in Bangladesh, the product of centuries of under-nutrition, or, if one considers circumstances in which rickets has traditionally affected pelvic growth, then the traditional wisdom makes sense and imposing so-called scientifically derived standards would be a mistake (Negussie, 1988).

Again, massage of newborns and infants is widely practiced in traditional cultures. Though in decline, this is a practice that benefits both growth and development of young children (Landers, 1989).

Breastfeeding on demand is another traditional practice that is also declining. That practice has been incorporated into the package of survival strategies but its importance to social and emotional development is seldom discussed.

Though sleeping with babies seems to be frowned upon in modern health circles, it is a common practice in many cultures. It provides warmth, security and tactile stimulation to a child while allowing breastfeeding on demand during the night.

As traditional wisdom is given its proper place, and when the currently applicable wisdom is separated from that which no longer applies, the conclusion is reinforced that we know more than we think we know.

The State-of-the-Art and the State-of-the-Practice

It is clear that the state-of-the-art is ahead of the state-of -the-practice. Consider the following:

State-of-the-art	State-of-the-practice
1. Development is a continuing process that begins during the pre-natal period	1. Programmes emphasize children ages 3 to 6
2. Development is an interactive process	2. Emphasis is placed on one way "stimulation"
3. There is a synergism between health, nutrition, and psycho-social development	3. Programmes continue to be mono-focal and to lack integration

4. Indigenous child rearing practices are often positive	4. Solutions are often imported, disregarding local solutions
5. Development is affected by both nature and nurture, the latter through interaction with the environment at several levels	5. A maturational approach continues to dominate the evalutation and measurement of development

Certainly the state-of-the-art will continue to evolve. The field of child development is still a relatively young field. That does not justify waiting to organize programme actions. Indeed, some of the new ideas that will influence the field will come from practical experiences in action programmes. And, in the meantime, many millions of children can be helped to develop in a healthy and normal way under difficult conditions, simply by applying what we now know.

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III WHY INVEST IN EARLY CHILDHOOD DEVELOPMENT?

Believers and sceptics

The world is filled with believers in the importance of good care and attention for children during their earliest months and years. That widespread belief is embedded in many cultural traditions. The young child may be seen as a little god still in a state of relative perfection, or be pictured as "the butterflies of Paradise" (Sharif, UNICEF, 1985), or a "little sun." Belief in the need for proper care is also grounded in the recognition that children are the next generation; they represent the continuity of tradition as well as the hope for, and fear of, change. There is a need to believe that the children of today can be both a rallying point for social action and the constructors of a better world.

Personal experience also creates believers in the value of early childhood care and development. Parents, professionals, and others who are simply close observers of how the neighbor's children grow up, recognize a healthy effect of good care and attention to infants and young children. They do not need an elaborate rationale or cold scientific evidence to justify their personal feeling that rudimentary health precautions and a good diet, combined with smiles and cuddling, talk and play will enhance a child's development. Such actions are not only seen as right and just, but also as a good investment of time and money.

But if there are so many believers in the world, why is it that programmes of early childhood care and development have received so little support? Why do governments and other organizations not respond more generously in their budgets to the obvious developmental needs of those twelve of every thirteen children born in the world, who manage to survive to age one. Why are there not more programmes designed to improve care and enhance development?

Unfortunately for children, when it comes to investing in programmes intended to improve early childhood development, there are sceptics as well as believers. Control over purse strings and planning processes often falls to sceptics whose way of viewing the world is conditioned by their job. These sceptics need more to go on than someone else's belief that investing in programmes of child care and development is good. They want to be shown that early childhood is a better investment than roads, dams, primary schools or even bombers. They want visible and hard evidence that the proposed programmes will work. In order to justify action, they demand a rationale, a set of convincing

arguments based on something other than unsubstantiated beliefs, combining both scientific and political arguments.

Sources of scepticism

In setting out a rationale, it is important to respond to sceptics' concerns. These sources of scepticism are as varied (and sometimes as irrational) as are the arguments used in favour of investing in early childhood development. For instance, sceptics might enunciate any of the following statements:

"But I don't understand!". Lack of understanding is often a source of scepticism. Child development sometimes appears to the uninitiated to be either too vague and simple, or too complicated and mysterious to be dealt with in programmes of any scale and significance. "How can you programme hugging your child?" "What do you mean by inadequate interaction adversely affecting the maturation of neural pathways?" Lack of understanding arises also from the fact that "early childhood development" crosses disciplinary lines and seems to mean different things to different people, blurring the basis for action. As outlined in Chapter II, where we attempted to clarify concepts, there is much imprecision in the general understanding of early childhood development. Understanding the notion is not as easy as understanding a road or a dam. Roads and dams can be seen once they are completed and their function is relatively easy to grasp. Building them may be complicated, but the techniques are known, and there is little hesitation in turning the task over to experts. Sceptics would like to have a similar feeling about child development. That can be helped by establishing evidence that programmes work, by setting out clear and concrete guidelines and by showing examples of various kinds of programmes that are working. The rationale that follows will provide several bases and kinds of evidence for investment. In Chapter IV, we will suggest guidelines and a set of complementary programme approaches that can help that process of physical, intellectual, social, and emotional development during the early years. We will also provide some concrete examples that should help increase understanding.

"It's already taken care of!" Ironically, many individuals who view programmes of early childhood care and development with a sceptical eye have grown up in advantaged conditions, in a loving home, with food on the table and good health care, and with parents who provide a stimulating environment for growing and learning. As a result of their own experience, they feel that families can and do provide the attention

needed for healthy growth and development. They may agree that the early years of a child's life are important but they see no need for special programmes to assist children and families during that period. Sometimes, they see child development primarily as a matter of loving a child and they argue, with good reason, that love is not something to be programmed. In brief, some sceptics believe that families are doing a good job, for the most part, of bringing up their children. And sometimes they are right. So why interfere? Perhaps the most convincing argument in these cases would be made by arranging to follow a young, poverty-stricken single mother through her daily routine as she struggles to survive in an unsupportive urban environment and tries to provide the love, health, care and attention to her child that she would like to provide, but often cannot.

"It's a mother's job." In some cases, the above view about what families should be and do is related closely to another source of scepticism: the belief that a mother's place is in the home. Early childhood programmes, particularly if they are outside the home, are sometimes seen as eroding the traditional role of the mother. Scepticism rooted in this view of the maternal role persists even though mothers, traditionally, have seldom been the only person providing care to their young children. It persists in spite of the fact that many women must work outside the home, and that studies show provision of alternate care in these cases can be good for both mother and child. It persists even though programmes to enhance early care and development can reach into the home and can respect the primary role of mothers and families in the process.

"Give me evidence." Some sceptics are open to the idea that early development is important and should be fostered, but they lack hard evidence that early interventions produce results, particularly over the longer term. Sometimes, this scepticism simply reflects a lack of information. In other cases, the evidence at hand may show that programme results do not occur, or if they occur, do not last. Sceptics may, for instance, point to findings of studies carried out in the early 1970s, suggesting that the effects of early childhood programmes "wash out" when children reach age seven or eight. They are not aware, however, that over the last ten to fifteen years, these findings have been superseded by new research information.

"What is the rate of return?" Still other sceptics seek, and do not find, an economic justification for investment in child care or early

childhood programmes. They would like to be able to compare an economic rate of return to programmes of early childhood development with other possible investments in order to choose the one carrying the highest rate. At a minimum, they would like to know that proposed programmes will effectively produce results justifying the cost of the programme. Reasonably, they would like to feel that money is not being wasted.

Any rationale for investment in programmes of early childhood care and development should include responses to the different sources of scepticism sketched above. Doing so should, at a minimum, bolster the position of those who would like to support programmes of care and development but are under pressure to support other programmes instead.

Lines of argument

The rationale that follows draws upon eight complementary lines of argument for increased support to programmes of early child care and development. These are:

1. *A human rights argument*: children have a right to live and to develop to their full potential.

2. *A moral and social values argument*: through children humanity transmits its values. That transmission begins with infants. To preserve desirable moral and social values in the future, one must begin with children.

3. *An economic argument*: society can benefit economically from investing in child development, through increased production and cost savings.

4. *A programme efficacy argument*: the efficacy of other programmes (e.g., health, nutrition, education, women's programmes) can be improved through their combination with programmes of child development.

5. *A social equity argument*: by providing a "fair start," it is possible to modify distressing socio-economic and gender-related inequities.

6. *A political argument*: children provide a rallying point for social and political actions that build consensus and solidarity.

7. *A scientific argument*: the research evidence demonstrates forcefully that the early years are critical in the development of

intelligence, personality, and social behaviour, and that there are long-term effects associated with a variety of early intervention programmes.

8. *Changing social and demographic circumstances*: the increasing survival of vulnerable children, changing family structures, country to city migration, women in the labour force, and other changes require increased attention to early care and development.

Some of these lines of argument will be more relevant to one situation than to another. Different individuals will find appeal in different arguments, reflecting their particular concerns about the rights of children, about economic benefits, about social equity, about adjusting to changing circumstances affecting families and work, etc. Let us look briefly at each argument in turn.

1. Children have a human right to develop to their full potential.

For many people, the obligation to protect a child's human rights is the most fundamental and convincing reason to invest in programmes to enhance early childhood development. The Declaration of the Rights of the Child, adopted unanimously in 1959 by the United Nations General Assembly, recognized among its 10 principles:

"The child will enjoy special protection and will have at its disposal opportunities and services, dispensed under the law and through other means, allowing physical, mental, moral, spiritual, and social development in a healthy and normal way, with liberty and dignity."

Allowing disability and arrested development to occur each year in millions of young children, when it could be prevented, is a violation of basic human rights. The fact that children are dependent on others for satisfaction of their rights creates an even greater obligation to help and protect them.

Thirty years after approval of the 1959 Declaration, a Convention on the Rights of the Child has been adopted, in 1989, by the United Nations Assembly that urges signatories to:

"... ensure to the maximum extent possible child survival and development." (Article 6)

While placing primary responsibility for a child's upbringing with parents and families, States must:

"...render appropriate assistance to parents and legal guardians in the performance of their child-rearing responsibilities and shall insure the

development of institutions, facilities and services for the care of children." (Article 18.2)

Further:

"...children of working parents have the right to benefit from child care services and facilities for which they are eligible." (Article 18.3)

The Declaration of Children's Rights and the Convention suggest that the right for children to develop to their full potential is widely accepted internationally, providing the cornerstone for an early childhood programme rationale. However, the rhetoric of human rights needs to be translated into action. Children are not able to make that translation for themselves. They are dependent on the actions of others for their rights.

2. Through children, humanity transmits its values.

We are continually reminded that "children are our future." The transmission of social and moral values that will guide that future begins in the earliest months and years of life. In societies where there is a concern that crucial values are being eroded, there is a strong incentive to find ways in which those values can be strengthened. Early childhood programmes can assist in that effort, both by strengthening the resolve of parents and by providing environments for children to play and learn that include specific attention to desired values. Attending to the development of basic values in children must be a high priority in a world racked by violence but seeking peace, in a world facing environmental degradation but seeking co-operative and sane solutions, and in a world where consumerism, competition, and egotism seem to be winning out over altruism. cooperation and solidarity as core values.

If children are our future, they are the agents of change as well as the custodians of continuity. For many, that is frightening. But for revolutionary governments early childhood has represented an opportunity. They have consistently recognized the importance of inculcating values at an early age. The idea that the "New Man" begins with the "New Child" has provided a basic and adequate rationale for massive early childhood programmes following revo'u- tions. Although the centralized, proselytizing nature of many such programmes is not always palatable to outsiders (any more than the proselytizing of missionaries is to many revolutionaries), what the post-revolutionary spread of child care centres and pre-schools shows clearly is that the decision whether or not to invest is early childhood programmes is fundamentally a political decision.

3. Society benefits through increased productivity and cost savings associated with enhanced early childhood development

Without recurring to a scientific literature, common sense suggests that a person who is well developed physically, mentally, socially and emotionally will be in a better position to contribute economically to family, community and country than a person who has not. And in most countries of the world, that economic contribution begins at a very early age.

Increased productivity

Early childhood programmes have the potential to improve both physical and mental capacity. They also can affect enrollment, progress and performance of children in schooling which is, in turn, associated with important changes in skills and outlooks affecting adult behaviour. Schooling helps build such skills as the ability to organize knowledge into meaningful categories, to transfer knowledge from one situation to another, and to be more selective in the use of information (Rogoff, 1980; Triandis, 1980). Schooling also facilitates greater technological adaptiveness (Grawe, 1979). It relates directly to both increased farmer productivity (Lockheed, Lau and Jamison, 1980) and productivity in the informal market sector (Colclough, 1980).

Productivity increases may also occur through changes in employment. Child care and development programmes not only affect positively the future productivity of children, they also offer the possibility of increased labour force participation by women and can free older siblings to learn and earn as well. Furthermore, they can provide employment for local individuals, both as caregivers and as suppliers of materials and services needed to make the programme function.

Cost savings

One way in which investments in health, nutrition, and psychosocial development during the early years can bring an economic return is through cost savings - by reducing work losses, by cutting the later need for social welfare programmes, by improving the efficiency of educational systems through reductions in dropout, repetition, and remedial programmes, and by reducing health costs.

In a review of 17 longitudinal studies examining the effect of early interventions on school progress and performance in primary school (Myers, 1992), 12 studies contained information about effects on repetition. Of these, 8 pointed to lower repetition among primary school

children who participated in early childhood programmes, as compared with similar children who had not participated. Of the 4 studies in which no difference was found, one involved a system following an automatic promotion procedure.

More specifically, an evaluation from Brazil shows that by reducing the extra primary school costs associated with repetition, a programme of integrated attention to preschool children more than paid for itself (Ministerio da Saude, 1983). Another often-quoted example of an economic payoff to an investment in early development comes from the United States where a longitudinal study of the effects of participation by children from low-income families in a preschool programme produced benefits estimated at seven times the original cost of the programme (Berruta-Clement, et. al, 1984).

The rate of return

It is difficult to calculate a ratio of programme costs to programme benefit or an economic "rate of return" for social investments of any kind, including programmes of early childhood care and development. But when such estimates have been made, they suggest a high return on an investment in early childhood is possible. For instance, Selowsky, using Latin American data, concluded that:

"Yearly investments per child in programmes that can induce a change in ability equal to one standard deviation can be 'justified' if they cost between 0.37 and 0.51 the yearly wage of an illiterate worker." (Selowsky, 1981, p. 342)

Both the desired increase in what Selowsky calls "ability" and the costs cited are well within the realm of possibility to achieve. In brief, there are several compelling reasons why economic benefits can be expected from investment in programmes of early childhood care and development.

4. The efficacy of other programmes can be improved through joint investment in early childhood development.

Because investments in early childhood care and development can help to make other programmes more efficient and effective, it is not appropriate to look at them as a direct "trade-off" against, for instance, primary schooling or primary health care. They should be considered as part of the same package, with increased benefits at marginal, or even no additional cost. Combining programmes takes advantage of the interactive effect among health, nutrition and early stimulation. In addition, child

care and development programmes are potentially useful as vehicles for extending primary health care (Evans, 1985). For instance, parental education programmes will not only help parents to help their children at home; such programmes can also improve the ways in which health care services are drawn upon.

If children arrive at primary school better prepared, they can make better use of the school. Not only will dropout and repetition decrease, affecting costs, but the quality of education will rise because one of the most important "inputs" into the school system is the child. When children are better prepared, teachers are stimulated more, facilities and materials are used better, and children learn more from each other. In the aforementioned review of longitudinal studies, the academic performance of children who had been part of early intervention programmes was found to be superior in 8 of 13 studies. In three others, no significant differences were found between the intervened children and others, and in one, effects were found in a rural, but not an urban context (Myers, 1992).

In a different vein, income-generating programmes for women that respond to child care and development needs are likely to be more successful than programmes that do not. If proper care for their children is assured, women will lose less work time as a result of child-related concerns (Galinsky, 1986). They will also be able to seek steadier and better-paid employment.

5. Programmes can help to modify distressing inequalities.

Investments in early childhood development can help to modify inequalities rooted in poverty and discrimination (social, religious, gender), by giving children from so-called "disadvantaged" backgrounds a "fair start." Poverty and/or discrimination produce stressful conditions and unequal treatment that can inhibit healthy and comprehensive development in the early years. For instance, children from poor families often fall quickly and progressively behind their more advantaged peers in their readiness for school, and that gap is never closed.

Boys, traditionally, have been better prepared for schooling than girls and have had more opportunities to enter and continue in school. The differences begin with gender-linked disparities in the patterns and practices of early development that need to be changed if the discrimination is to be overcome. These are often deeply rooted in culture, but there is evidence that integrated attention to early

development can produce changes in ways families perceive the abilities and future of a girl child.

By not intervening to foster early childhood development where it is needed, governments have tacitly endorsed and strengthened inequalities. Ironically, one argument used against early education programmes is that they are discriminatory -- favouring the upper class. That is certainly true if no special effort is made to assist the poor and if programmes of early education are left to those who can pay for them. But evidence shows that early childhood programmes can moderate rather than reinforce these social differences. As an example, one evaluation of the huge Integrated Child Development Service of India shows clearly that benefits are greatest for lower castes and for girls (Lal and Wati, 1986). Several Latin American studies have also shown results favouring children from lower socio-economic backgrounds and/or children from rural areas (e.g., Filp, et.al., 1983).

6. Children provide a rallying point for social and political actions that build consensus and solidarity.

Mozambique, Peru, Sri Lanka, El Salvador, Ethiopia, Iran and a significant number of other countries are victims of violent actions that place the problem of living together in peace high on the list of social goals. In many locations, lesser political and social tensions make it extremely difficult to mobilise people for actions that will be to their own benefit. In such circumstance, it has been shown that placing "Children First" can be an effective political strategy.

Perhaps the most dramatic, but short-lived examples of mobilization around programmes to benefit young children are those in which cease-fires have been obtained between warring groups in order to carry out national immunization campaigns. Children have constituted a "zone of peace."

Less spectacular are the many community-based programmes that take children as a point of common interest, as an "entry point" for common action. The welfare of children is less politically charged than most issues. Moreover, community improvements in health, sanitation and nutrition that benefit children are likely also to benefit the community at large. Innumerable examples are available of such improvements, e.g. the evaluation of the PROMESA project in Colombia (CINDE, 1990).

- **7. Scientific evidence demonstrates lasting effects of early attention to child development.**

Evidence from the fields of physiology, nutrition and psychology continues to accumulate to indicate that the early years are critical in the formation of intelligence, personality and social behaviour. This evidence begins with the not-so-new discovery that brain cells are formed during the first two years of life. But recent research has strengthened the argument for early attention by showing that sensory stimulation from the environment affects the structure and organization of the neural pathways in the brain during the formative period (Dobbing, 1987). Thus, opportunities for complex perceptual and motor experiences at an early age favourably affect various learning abilities in later life and are able to compensate, at least partly, for the deficit associated with early malnutrition. And, research also demonstrates that children whose mothers interact with them in consistent, caring ways will be better nourished and less apt to be sick than children not so attended (Zeitlin, Ghassemi and Mansour, 1990).

In the 1970s, evaluations of some early intervention programmes in the United States indicated that the effect of these programmes on the Intelligence Quotient of children seemed to "wash out" by the time they were in the second or third grade of primary school. More recently, longitudinal data clearly demonstrates major long-term effects associated with a variety of early intervention programmes. These effects include: improved school attendance and performance, increased employment and reduced delinquency during the teenage years, and reduced teenage pregnancy (Berruta-Clement, et.al., 1984).

8. Changing social and economic conditions require new responses.

Over the last decade, the effects of a world recession have been felt increasingly both by individual families and by governments seeking to adjust their behaviours and programmes to the new realities (Cornia, et. al., 1987). But even prior to the recession, and in some settings, independently of it, major social changes have been occurring that call for new approaches to early childhood care and development.

a) *Increasing labour force participation by women.* The increased pressure for women to work for wages and the need to take over men's farming chores as they have migrated to cities or sought work in mines has brought additional burdens affecting child care and creating a need for alternative forms of care. The trend toward increasing labour force

participation pre-dates, but has been strengthened by the world recession of the 1980s. These trends are likely to continue, and even to increase in the coming years.

The mother in these or other settings who works so that she and her family can survive may love her child and believe that she should devote time and energy to her baby, but she may not be able to do so; she needs help.

b) *Modification of traditional family patterns*. Extended families are no longer as common as they once were. As migration and progressive urbanization occurs, members of an extended family are not as available for child care as in the past. Grandmothers are no longer as easily available, either because they remain in rural areas or because they too are working outside the home in wage-earning jobs. The number of women-headed households has increased. In some developing countries the percentage is high (over 40 percent in rural Kenya, Botswana, Ghana, Sierra Leone, and Lesotho, according to Youssef and Hertler, 1984). In these households, women must work, creating a major need for complementary child care. If care is available, the earnings of these women are more likely than would be the earnings of men to go toward improving the welfare of the children in the household.

Associated with these changes in families are increases in the numbers of abused children and of street children. These growing problems are often dealt with after the fact rather than seeking solutions in the earliest years by helping distressed families with very young children.

c) *Increased primary school attendance* has decreased the availability of older siblings to act as supplementary caretakers. Or, siblings have been forced to drop out of school to provide such care, in which case there is a strong argument for child care initiatives that will help siblings continue their education, at least to the point of literacy.

d) *Changes in mortality and survival rates*. Over the last 30 years, the infant mortality rate has been more than cut in half. More children are surviving who in the past would have died an early death. As survival to age one has increased from 5 of 6 in 1960 to 14 of 15 in 1992, the pressure increases to establish programmes for those who survive.

Summary

The rationale developed here brings together several lines of argument supporting the value of investing in early childhood development. Each argument stands on its own, but when combined, they are particularly compelling. Whatever the differences in individual predilections and local circumstances, it is clear that the set of arguments provides a strong base from which to seek increased investment in programmes of early childhood care and development whether organized by individuals, families and communities, or by governments, non-governmental organizations or international funders.

When early childhood is made a priority, the financial support is forthcoming, even in situations of relative poverty. Financing for early childhood programmes is not the basic problem. The problem is to recognize the value of such programmes and build the personal and political resolve necessary to find the resources necessary to carry them out.

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IV WHERE WE ARE AND HOW WE GOT THERE

Neither child development nor child care is new. But as societies and circumstances have changed over the years, forms of care and development have also changed. Among those changes of form has been the growth of institutionalized programmes of care and development. Recalling origins of these child care and development programmes not only reminds us that things have changed, but also suggests how slow we are to adapt in some cases, while rushing prematurely to adopt new forms in others.

Changing Contexts, Changing Needs

In the western world, one origin of child care and development programmes as we know them today lies in changes accompanying the industrial revolution in the 18th century. In the predominantly agricultural and rural society that preceded industrialization, children were usually found within an intact, extended family. These children of the field were socialized to a relatively limited and unchanging world in which community values were generally agreed upon. The rural setting provided space to explore and a stimulating environment. The responsibility for child care lay clearly with women whose work usually permitted them to breastfeed and to attend directly to the child in the early years. Families were often large and older children were expected to help with the child-care tasks. Indeed, children quickly entered an adult world and, in a sense, did not have a separate "childhood" as is the case today (Aries, 1962).

The rural conditions of the 18th and 19th centuries should not be romanticized; life was demanding and survival was continually threatened by disease, and occasionally by lack of food. But for those children who managed to survive their early months, "development" was less problematic than it would be for many of their peers in new urban environments. The child-care practices evolved over the years were suited to socialization in the rural environment; they were not so suited to cities.

With industrialization and migration to the cities came changes in values, in living conditions, in family arrangements and in working patterns. The new conditions brought with them both a need to care for children of working mothers and a need to provide adequate stimulation for children within a restricted physical environment. They called for new

parenting skills and a different kind of socialization. With these changes, the older forms of child care and development were not adequate guides.

In response to the changing circumstances, two kinds of programmes began to appear. One set of programmes was established principally to care for foundling or indigent children. These social welfare programmes, often run by upper class women, were protective and custodial, putting some food in the stomach and a roof over the head, but little more.

Another strain of programmes also evolved that catered primarily to the growing urban middle class, providing more enrichment and stimulation than protection and custodial care. These urban, centre-based programmes were, in a sense, designed to substitute for the rich possibilities offered by rural environments. They brought toys and play activities into a restricted classroom in order to give children the stimulation and practice that rural children came by more naturally. As these centre-based models are carried from Western capitals to rural areas of the Third World today, it is well to remember this origin to avoid the introduction of unnecessary and foreign elements.

The parallel between the changes in values, living patterns, family structure, and work associated with the industrial revolution and changes occurring today in the rapidly urbanizing and sometimes industrializing nations of the Third World is marked. Many countries have turned to a similarly bifurcated structure in responding to the changes: a welfare approach for the poor, providing at best protective care, and an enrichment approach for the middle classes, with more of a developmental focus.

During the 20th century, and particularly since 1945, other changes have been at work that did not figure strongly at the time of the industrial revolution. A communications revolution has helped to create the "global village", or as the African historian, Ki-Zerbo, would characterize it a "global supermarket" (Ki-Zerbo, et.al., 1990). Transistor radios now reach into most corners of the world, and even television is reaching rural areas to a degree not thought possible 25 years ago.

Another 20th century revolution has occurred in education, or perhaps more accurately in schooling. A premium is now placed on literacy, and literacy rates have expanded dramatically. Almost as dramatic is the growth of primary schooling. Much greater emphasis is being placed today on the acquisition of cognitive skills related to abstract reasoning. The arrival, perhaps intrusion, of schools into rural areas has

brought competition with indigenous educational forms. It has carried with it a new kind of certification that is increasingly required of rural as well as urban children.

Transportation and organizational revolutions have occurred as well. Buses not only help rural people visit cities and migrate to them; they also aid periodic or permanent return to villages where new ideas and modes of behaviour can be displayed. Communication and transportation revolutions have facilitated the outreach of business and governmental organization, such that reaching the villages is no longer unusual. These organizational representatives hawk their commercial or social wares, backed by large cadres of city-based individuals creating new products for sale and looking for new ways to get them sold.

There is, then, not only a shift to the city with accompanying changes, but also a reach of the city into rural areas. With this urban influence have come bottle-feeding, Colas, blue jeans and plastics. The changes also bring uncertainty about old values and ways of doing things, including rearing children. There is a changing sense of "community," and new confusion about loyalities. The implication of all this is that even children who remain in rural areas increasingly live simultaneously in multiple, and sometimes conflicting environments. They are affected by national and global cultures, but are rooted in a local culture sometimes unsure about its own roots and directions.

In general, ideas about early childhood development have been slow to change, despite increasing access to information that should help that happen. That is so for rural residents who are asked to assimilate new ways but resist changes that may indeed be necessary for their children to function in the transitional world, or multiple worlds, that surround them. It is true for migrants to cities who need to make adjustments to a new environment. And it is true for urban-based professionals and bureaucrats charged with formulating programmes for rural areas. Having been reared and trained in a Western (and probably urban) tradition, urbanites hold fast to Western-influenced forms and content as they venture into rural areas, failing to recognize and build upon the rich cultural base and the time-honored practices that are known to work well.

If individuals are slow to adjust, cultures are even slower. Consider, for instance, another revolution that is in progress: the emancipation of women and associated changes in family structures (Tilly and Scott, 1978). The effect of this revolution is yet to be felt in many parts of the world, but it is coming. Again, there is a need to adjust ways of thinking

about child care and development, as they are being influenced by this revolution. But we have been slow to react. And, ironically, when reactions come, they may be too fast or too drastic, failing to take into consideration the need and desire to maintain basic values reinforced by the previous socialization process.

A more complete recounting of changes influencing our ways of thinking about early childhood care and development would discuss also the effects of increasing affluence, changing distributions of wealth and economic swings requiring difficult adjustments, the major shifts in geopolitics of the 1950s and 1960s that brought independence to many nations, and the growth of international organizations with their trend-setting and loan-making powers. But the purpose of this section is not to attempt an extensive historical analysis of social and economic changes as they affect childhood (see Wall, 1975 and Levine and White, 1986); it is, rather, to suggest to the reader that models and ways of thinking about early childhood development require considerable modification in face of the major changes that have occurred and in light of the dual worlds in which so many "at risk" children live. Our purpose is also to point to the challenge of supporting cultural heritages and values while working out those modifications. Let us turn, then, to the recent past to see how we are adjusting. With the declaration of 1979 as the International Year of the Child (IYC), an opportunity was provided for new child care and development thinking and initiatives. What was the result?

The International Year of the Child: A Turning Point?

Without doubt, the IYC generated a new enthusiasm and interest in the child. Many descriptive and analytical exercises were undertaken at the national level, intended to identify needs, to create awareness, and to mobilize people around the idea of attention to "the whole child." A plethora of small-scale pilot or demonstration projects were begun that marked a significant opening toward "nonformal" programmes set within a context of community development. Parental education programmes were also begun, as were programmes directed toward the care of younger children by older brothers and sisters. At the same time, considerable energy was devoted to promoting and expanding formal preschools.

What happened as a result of the IYC? One retrospective look has concluded that, "...awareness of the rights and needs of children has increased a hundredfold over the past ten years." (Smyke, 1989, p. 53). That awareness is reflected in the Convention on the Rights of the Child, ratified by the United Nations in 1989, and ratified by more than 150 individual nations.

But what has happened to policies and programmes since 1979? At a general level, it is clear that this increased awareness has helped lead to new laws and national policies. There has been significant progress in the level of programming intended to improve child survival, and more modest advances with respect to child care and development. Various organizations formed at the time of the IYC continue to be productive and active.

Unfortunately, providing a more detailed response than this regarding effects of the IYC is difficult because there has been no systematic mechanism to trace most of the efforts begun in 1979. That is especially so for projects and programmes that began from a child development, as contrasted with a child survival viewpoint.

Meanwhile, it is clear that although the IYC generated a high level of enthusiasm and activity, much of the momentum gained in 1979 with respect to programming for child care and development was lost. National governments and international organizations often did not follow up the new initiatives with special funding. There was considerable dabbling but no concerted and sustained campaign to expand child development. Internationally, children did not win a "decade" as had women and water. No specific institution in the United Nations family was charged with, or took on, follow-up responsibility. Without the needed leadership and continuity, information and advocacy exercises and pilot initiatives related to child development were soon swallowed up in a stronger international current, focussing on primary health care. That movement had already begun to gain force in 1978 at the Alma Ata Conference dealing with "Health for All".

As the 1980s began, increasing emphasis was being placed in international circles on primary health care and on infant and child survival, as the Alma Ata recommendations began to be implemented. UNICEF, with the World Health Organization, launched a Child Survival and Development Revolution (CSDR) which, while containing "development" in the title, focussed narrowly on survival. The CSDR initiative was first captured in the acronym GOBI-FFF (Growth

monitoring, Oral rehydration, Breast-feeding, and Immunisation, along with Food supplementation, Family spacing and Female education as tag-along themes). As the crusade evolved, however, more and more emphasis began to be placed on immunisation and oral rehydration, as the "twin engines" of CSDR. Only now are other elements being given greater attention, still within a posture emphasizing survival and growth. Other international and bilateral organizations collaborated in this worldwide survival crusade. Governments responded, cognizant both of their still high infant mortality rates and of the international climate favouring assistance to reduce those rates.

At the same time, mounting economic problems in most Third World countries during the 1980s left little room for programme expansion of any kind. In general, the economic adjustments that became necessary worked against the social sectors of health and education. And, with emphasis given to health-related programmes directed toward improving survival, large-scale support of programmes stressing, or even including, attention to psychosocial development in early childhood years did not receive the backing it would have received had the IYC recommendations and initiatives been followed.

In spite of these handicaps, growth has occurred in child-care programmes and in the preschool sector in selected countries. Whether the IYC provided already dedicated individuals with enough additional strength to carry on against considerable odds, or whether the expansion of efforts occurred independently of the IYC because local pressures required a response, is not clear. But the situation in 1989 was considerably better than that of 1979. And, because child development is a multidimensional and interactive process, the child survival programmes did have an effect on child development as well. But how far have we come?

Child Care and Development in 1989: A Panorama

The general picture that emerges from an attempt to describe programmes of early childhood care and development in 1989 is more than a bit blurry and contains apparent contradictions. On the one hand, it seems that immense strides have been made in the last 20 years, and particularly in the last 5 or 10 years. As will be evident, some countries have made dramatic advances and there are innumerable examples of innovative and sometimes widespread programmes. On the other hand, the general

impression appears as well, that the situation is far from adequate. Based on the evidence we can marshall, it seems that:

1. In most countries, coverage in identifiable, organized programmes is still relatively low. That is particularly true for sub-Saharan countries.

2. Many projects and programmes continue to be pilot or demonstration activities that are innovative, effective, and feasible to replicate, but have not been extended in a significant way.

3. The distribution of programmes, particularly the more institutionalized programmes, while improving, often continues to favour the cities and often continues to miss children who are most "at risk." (There are exceptions to these generalizations).

4. Reaching children before the age of three, and particularly between the ages of one and three, continues to be a challenge. Day care that takes into account both the needs of children and of their working mothers remains at a very low level, both in extension and in quality.

5. Programmes of support and education for parents have grown dramatically in some countries but are virtually nonexistent in others, particularly with respect to the psychosocial components of early development. And there is a tendency in these programmes to impose, rather than to reconstruct and expand knowledge.

6. Many "volunteer" programmes have now passed the point of initial enthusiasm and the volunteer spirit that was so critical in getting programmes underway is growing thin. And yet these programmes have not been recognized as bona fide claims on the public purse; they are in danger of fading.

7. Often, the quality of the programmes is poor, so that the effects on children are minimal. The combining of elements in programmes of integrated attention to the child remains a challenge, despite some successes and an increasing awareness.

These points may help to explain a conclusion that the field is growing significantly but is still very fragile and in need of increased attention, both to maintain gains and to fill in major gaps.

An Impossible Task?

At present, a detailed and comprehensive description of child care and development in the Third World is impossible. There are at least two

basic reasons why that is so. First, a great deal of child care is so informal that it is not included within any set of statistics. It not only escapes the attention of national and international organizations concerned with care and development, but it also fails to appear in national systems of economic accounting as a productive activity.

Even among the more organized programmes, the diversity is so great that no one set of statistics is sufficient. To cover the field properly, one should include information not only about the number of centres in operation, but also about home visiting, parental education programmes, child care related to women's income-generating projects, programmes of care and development within broader community efforts, and disability programmes that include young children. Moreover, if one takes a truly holistic view of development, all programmes of health and nutrition and early education and care should be included. When one considers that different organizations, public and private, operating at the level of community, region, and nation, are in charge of programmes emphasizing different aspects of development, the task becomes overwhelming.

We shall be more modest in defining our task, focussing on organized programmes of child care and development, and leaving aside monofocal programmes of health and nutrition (even though these will have an affect on development). We shall concentrate on programmes that are labeled as child care, child development, or preschool programmes, or that have one of these as a major component. This reflects our own desire to highlight the psychosocial dimension of child development. Even so, the task is complex and difficult for rarely does one find information about the different programmes together in one place.

An example from Sao Paulo, Brazil illustrates the complexity of describing early childhood programmes. In their thorough study, (1988), Campos and Rosemberg found that in the greater metropolitan area of Sao Paulo, four major programmes were run by Federal (national) agencies, six by state agencies, and three by municipal agencies. Each of these thirteen different public organizations operated with a somewhat different model. The most basic variants were a "complete creche," (attending to children, ages 0 to 6), a "complete preschool" (ages 2 to 6), preschool classes (for children ages 5 and 6), "emergency" preschools (less formal versions of a complete preschool, also for ages 2 to 6), and emergency creches (ages 0 to 6). In most sets of statistics, these so-called emergency programmes would not be included. In addition to the above models there were also "infant parks" (a hold-over from the 1930s', attending children

from ages 3 to 12) and child care centres organized in private businesses (ages 0 to 6). Moreover, a wide range of private programmes existed, accounting for approximately 38 percent of the total coverage.

Another example: the International Year of the Child provided the stimulus in India for a mammoth project, undertaken by the Ministry of Welfare, to provide a statistical profile of The Child in India. Finally published in 1985, the 1500-page work included extensive information about nutrition programmes, including infant feeding, "child welfare services," and "welfare of the handicapped, ages 0 to 6." The welfare services included central- and state-sponsored Integrated Child Development Service (ICDS) projects, central and state homes for destitute children, central and state foster care schemes, creches run by central and state and municipal governments, and private sect' . agencies, and services offered by such unusual organizations as the Tea/Coffee, and other "Boards." By the time the report was published in 1985, the compendium was out of date in some major respects. The ICDS system had grown rapidly in the period from 1980 to 1985 and there had been some improvements in the health and nutritional status of the Indian child in this period. Nevertheless, the exercise provided an excellent framework for continued monitoring of programmes to improve the condition of the Indian child.

Statistics and Impressions

Although no source can give us a full picture, there are several from which one might expect to obtain a general idea of the current state of programming for early childhood care and development. We will examine figures contained in documents from UNESCO and UNICEF, the two main United Nations agencies concerned with the young child.

UNESCO

1. *Educational Statistics*. Included in the periodic publication of educational statistics by UNESCO is information about education preceding the first level. The 1988 edition (Table 3.3) includes enrollment figures for most countries, covering the period from 1980 to 1985 (or 1986 in some cases). The UNESCO data refer to " kindergarten, nursery schools, as well as infant classes attached to schools at higher levels. Nursery play centres, etc., have been excluded whenever possible." Although the UNESCO figures cover various kinds of programmes, they do not always pick up non-formal programmes and most of those that

have been included refer to organised programmes for children in the 3 to 6 age range. Accordingly, UNESCO figures provide a floor, or minumum idea of coverage of early childhood programmes. Because the programmes included in UNESCO statistics vary so much from country to country (e.g. Koranic preschools in Morocco, community-based schools in Kenya, formal preschools for an elite in Niger), it is impossible to make much sense of intercountry comparisons. However, it is possible to look at the growth of this part of early childhood programming within each country over the 5 or 6 years following the IYC. An analysis of data from that perspective yields the following:

With very few exceptions, coverage grew during the period, despite difficult economic circumstances. The few countries in which growth did not occur are the war-torn countries of Angola, Mozambique, Iran, and Lebanon. A fifth country that reported slightly lower coverage was Cuba. All other developing countries (the approximately 100 others for which data were included) showed at least some expansion.

In some cases, expansion was dramatic, but that expansion occurred with reference to a very small base, e.g. Burkina Faso grew five-fold (but from a total enrollment of only 732 children in 1980 to 3751 in 1986); Oman grew six-fold (from 396 to 2542), and somewhat higher, the Dominican Republic grew five-fold (from 27,278 to 125,780).

Some countries with relatively large numbers of children participating nevertheless grew relatively fast: Brazil reports doubled coverage, from 1980 to 1986 (from 1,335,000 to 2,699,000). Thailand jumped almost three-fold (from 367,313 to 1,009,131) in the same period. In Indonesia, enrollment increased from 1,005,226 in 1980 to 1,258,468 in 1985. Data were not provided for Bangladesh, Pakistan or Nigeria.

Among the largest countries: China is listed as having expanded from approximately 11,507,000 in 1980 to 16,289,800 in 1986 (still a relatively low percentage coverage). India reported an increase in participation of 918,238 in 1980 to 1,033,315 in 1984. It is clear from this statistic that children participating in the nonformal preschool component of the huge Integrated Child Development Service are not included in the statistics for India. Coverage in the day care cum preschool centres of that programme was estimated to be approximately 3,000,000 children in 1985 (UNICEF, 1988).

The UNESCO statistics also provide a figure for the percentage of enrolled children who are girls. In all but three countries (Morocco, Oman, and Nepal), the percentage of girls in "education preceding the first level" is 45 percent or above. This suggests a potential leveling effect for early education programmes.

Without knowing the size of the corresponding age group, it is difficult to get a good idea of what the numbers reported in the UNESCO document mean in terms of relative coverage. When a population adjustment is introduced, the Dominican Republic, for instance, with a population of 6.4 million people and an enrollment of 126,000, makes a slightly better showing than the large Chinese enrollment of over 16,000,000, seen against that country's population of 1.2 billion.

2. *Latin American Preschool Enrollments*. A better idea of coverage, relative to the number of children below the age of 6 can be obtained from statistics (Calvo, 1988) compiled by the UNESCO Regional Office for Education, Santiago (OREALC). Table 1 (see following page) shows the "rate of enrollment" for the years 1981 and 1985, for selected countries. The statistics suggest that:

- a relatively high percentage of children, ages 4 to 6, enrolled in unspecified forms of preschool education.
- a relatively low percentage of children under 4 are in preschool programmes.
- a general trend of expansion, in percentage terms, occurred over the four-year period. (Note that in these statistics, Cuba shows growth, whereas in the earlier set, Cuba showed a slight decline.)

For the Latin American region as a whole, it is estimated by UNESCO that initial education ("pre-primaria" for children 0 to 5 years of age) grew from coverage of 7.9% in 1980 to 15% in 1986 - a growth rate of 19% per year during that period (Tedesco, 1989, p. 11).

Table 1
Rate of "Escolarización" at the Preschool Level, Selected Latin American Countries 1981-5[1]

Country	Age Range	"Escolarización" (%)	
		1981	1984
Bolivia	4-5	31.5	34.1
Brazil	0-6	9.8	13.9
Chile (1982/4)	0-5	11.9	13.9
	0-3	2.4	2.3
	4-5	32.2	38.3
Colombia	0-4	10.5	14.3
	5	31.9	36.0
Cuba (1980/4)	4-5	36.9	43.8
Ecuador	5	19.7	29.6
El Salvador	4-6	15.0	20.1
Honduras	4-6	9.5	11.2
Dominican Republic	6		29.2

3. *A World Survey*. In 1988, UNESCO carried out a special survey of early childhood care and education (ECCE) in its Member States (Fisher, 1990). Respondents were asked to include both formal and nonformal types of ECCE programmes (not just formal preschools). But the response rate to the questionnaire was only 54 percent, and some of the world's most populous countries (including Brazil, Pakistan, Bangladesh and Nigeria) did not reply. Moreover, the results are heavily biased by replies from industrialized countries and from the Arab States. In addition, the level of detail of the replies varied enormously, as did the kinds of programmes included. Although the survey provides some

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1 Source: UNESCO-OREALC, 1987, as quoted in Gilberto Calvo, "El proceso de transicion entre los programas de atencion a la ninez y los de educacion primaria en América Latina," A discussion paper prepared for the workshop on the articulation of initial and primary school education, March 14-18, 1988. UNICEF, Bogota and UNESCO-CREALC, Santiago, 1988. The "rate of escolarizacion" refers to the indicated percentage of the age group that is enrolled in preschool programmes.

interesting national descriptions, it is difficult to try to use the data to paint a general picture of ECCE.

The survey does confirm the general, and sometimes dramatic growth of ECCE institutions and enrollments in the 1980 to 1988 period, and the still relatively low level of coverage in most Third World countries. It also confirms an urban bias in a significant number of countries. In addition, the survey suggests that more than half of the programmes reported were "fee-charging" programmes.

UNICEF

Another source of information from which one might expect to obtain an overview of the state of early childhood care and development programming is the yearly production by UNICEF of annual reports and, for many of the countries in which UNICEF works, situation analyses covering the condition of women and children.

To explore the potential of this source, we undertook a review of all UNICEF's annual reports for 1988, and of 46 situation analyses produced between 1986 and 1988. The first, and principal, conclusion of that review is that the statistics are spotty and unsystematically presented. Indeed, UNICEF field offices are not requested to provide information on programmes of child care or of child development. What emerged from the review, therefore, were interesting bits and pieces that help to form an impression but cannot be added together in a coherent whole. By way of example, the following items are presented for Asia and Africa, gleaned from the reports.

Asia

China, with its 16.3 million in pre-schools, covers 24 percent of its 3 to 6 year olds. Over a three-year period from 1986-88, a programme of parental education had grown from virtually nothing to 130,000 parent schools (in 1989, these were reported to have reached a level of 200,000).

Sri Lanka covers 15 percent of its children, ages 0 to 5, in early childhood care and development programmes of several types.

By the end of 1988, it was estimated that the Philippines would be reaching 24 percent of the 11.5 million preschool aged children (0 to 5) in that country.

In Vietnam, 30 percent of all children ages 0 to 3, and 35 percent of all 3 to 6 year olds are in formal day-care centres.

Approximately 35 percent of India's 5144 development blocks are covered by the Integrated Child Development Service.

In Laos, 4 percent of all children ages 4 to 6 are in early childhood centre-based programmes.

Africa

Programmes in Kenya cover 11 percent of its children ages 3 - 5. (This seems to be an underestimate. Another source, Riak, et.al, 1989, indicates a coverage for Kenya of over 20 percent for 1987.)

In Benin, only 1 percent of preschool aged children were in any kind of organized programme of day care or child development.

Botswana covers 2.6 percent of its children ages 2 1/2 to 6 in preschools.

The UNICEF reports yielded fascinating information about particular programmes in which UNICEF was collaborating. But they seldom included the kind of information that would let one describe the larger programme picture for one country in a systematic way. A clear idea did not emerge of the strength of various actors, such as governments, nongovernmental organizations, and international organizations, in helping to organize and support child care and development initiatives. Rarely was there information about parent or adult education programmes. Occasionally a community development programme or an integrated survival and development programme would be described that included a child care and development component Training programmes were mentioned in which UNICEF was involved, but there was no overview. Attention was given to advocacy efforts, but in only a very few instances was the child development component of such programmes discussed explicitly.

Some General Conclusions

The review of UNESCO and UNICEF documents provides support for the contention that the field has grown significantly since 1979, even though it is likely that the figures are underestimated.

The statistics also illustrate vividly the uneven nature of the growth. Not surprisingly, they verify that Latin American and Asian countries have made much greater progress in terms of organized programmes than have African countries.

Another conclusion emerging from the review of available information is that a country does not have to be rich or boast an expanding economy in order to give early childhood care and development sufficient priority to mount a significant programme or set of programmes. India and Kenya are particularly good examples of countries with relatively low per capita incomes but fairly extensive programmes of attention to preschool children. In Latin America, generally, a radical decline has occurred in the standard of living during the 1980s, but "initial education" in the region has grown. In Mexico, where the problem of the international debt is among the most serious in the world, preschool coverage grew by 9 percent each year during the period from 1982 to 1988.

Beyond Guestimates

From the review, we have drawn some very general conclusions. But for the most part, the interpretations have to be hedged for lack of consistent information. Emerging from the analysis is a clear need for a more systematic way to follow the progress of early childhood care and development programmes. A method is needed also to help record the coverage and quality of various kinds of initiatives that, when taken together, adequately describe the effort being put into providing organized care and into enhancing early development.

As a first very rough step, a general set of categories should be set up that would cover the range of early childhood programmes, serving different age groups and implemented by different governmental and non-governmental organizations. That accounting should include nonformal programmes, such as home day-care or parent-to-parent education programmes that operate on a volunteer or quasi-volunteer basis, with the caregivers functioning outside any formal bureaucratic system. The particular set of categories for a country would have to be evolved locally in order to reflect the organizational profile of that country. The examples from Sao Paulo, Brazil and from India presented on previous pages provide examples of the kind of approach that might be taken. Parental education programmes should also be included but should be handled separately.

There is a need also to have a more systematic idea of who the main actors are in the field. Programmes of nongovernmental organizations can easily go unrecorded, even though the work of church groups and other

nongovernmental organizations may be extremely important in a particular context.

Once a general description of types of programmes and coverage and actors has been organized, it would be possible to begin looking at the quality of programmes in a more systematic way. That could be done on a sampling basis, using institutional and/or programme content criteria determined locally. In the UNESCO World Survey, questions were asked about staffing and specialists, the training of teachers, the objectives of ECCE, the content of ECCE classes and about equipment and buildings.

Beyond these organizational and programmatic descriptions concerned mainly with inputs and coverage, there is a need also for measures of programme impact. In other fields it is possible not only to provide a panorama of institutions and programmes, but also to monitor progress in the field in terms of an indicator such as the reduction of the infant mortality rate or of third-degree malnutrition. The field of child development does not yet have agreement on such a measure of "where we are."

In the field of child development, literally hundreds of instruments and measures exist, focussing on different ages, examining different aspects of development and directed toward such different purposes as screening, monitoring, and programme evaluation. Most of these instruments have been constructed in the United States or Europe. Most are fairly sophisticated instruments for which considerable training is needed before application. Few are adapted or normed for use in particular Third World settings. And even fewer have been created, normed and validated in the Third World.

In line with, but somewhat different from, the indicators used to track nutrition and health, it would be possible to create a "Child Development Profile," to be established for groups of children at age 5 or 6, just prior to their entry into school. This profile might consist of at least five indicators: nutrition, morbidity, pre-literacy/prenumeracy skills, self-esteem, and parental expectations for the child. These five indicators reflect the multifaceted nature of development and emphasize indicators that are known to relate not only to early development, but also to later progress and performance of children in school and life. This profile would not be used to classify individual children but would, rather, provide a means of seeing how a particular population was changing with respect to different dimensions of the profile, particularly in relation to interventions intended to enhance development.

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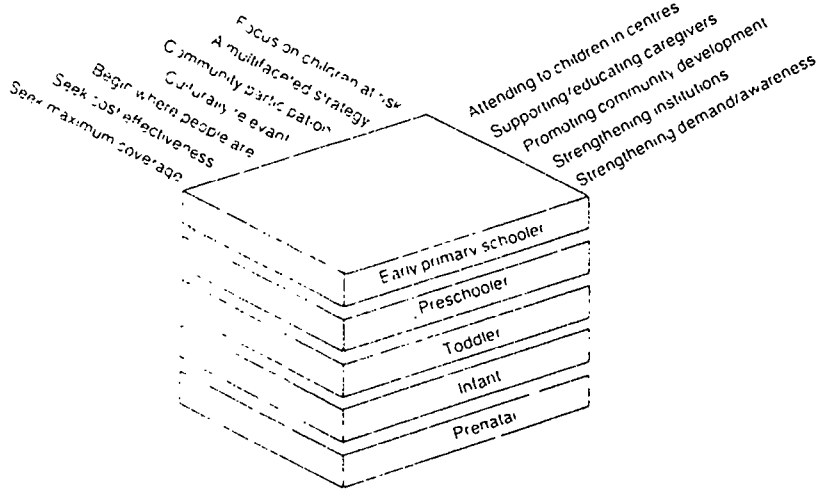
V A PROGRAMMING STRATEGY[1]

The previous chapters have provided a basis for expanding our vision of childhood development programmes beyond the preschool, or centre-based model providing direct attention to the child beginning at age 3 or 4. We shall now try to put that broader view in a systematic form by bringing together three sets of considerations to be taken into account when planning and implementing programmes of early childhood care and development. That guide, which we have presumptiously called a comprehensive programming framework, is presented in Figure 2 below:

Figure 2
Programming for Early Childhood Development:
A Comprehensive Framework



1 This chapter draws liberally on contents of UNICEF Programme Guidelines, Volume 5, a manual prepared by Robert Myers and Cassie Landers for UNICEF, particularly chapters 1 and 4.

For too many people, a child development project or programme immediately conjours up the image of twenty-five or thirty small children, ages 3 to 5, playing with blocks or fitting triangles and squares into brightly coloured puzzle boards, supervised by a professional teacher in a "preschool" classroom. Associating child development with this "preschool" model is unfortunate because it focuses narrowly on a child's mental development, is relatively expensive, and begins late in a child's life. It also involves a direct, "institutional" approach, relying on creation of centres that "compensate" for missing elements in the family and community environment while, too often, leaving parents and community members out of the programme. This image seldom provides the most appropriate guide to programming for child care and development in Third World locations.

The comprehensive framework above addresses the issue more adequately. It has three dimensions.

1. Variations in a child's developmental status. The first dimension is defined by changes in a child's developmental needs over the first years of life. Needs will be different during the prenatal period, in infancy, in the "toddler" and posttoddler period, as a preschooler, and as the child moves from the limited environment of the home to the school and the larger world beyond.

2. Complementary programme approaches. A second dimension distinguishes five complementary programme approaches. Each approach is directed to a different set of environmental factors influencing the child's development, as set out in the previous chapter. In addition to centre-based programmes that attend directly to the child, are complementary programmes that focus, respectively, on working with family, community, institutional and cultural environments.

3. Programme characteristics/guidelines. A third dimension is derived from a set of guidelines dictating programme characteristics. In addition to serving children who are "at risk", programmes should be comprehensive and "integrated," participatory and community-based, flexible, based on (but not restricted to) local ways, financially feasible and cost-effective, and extended over as wide a population of at-risk children as possible.

The main reason for setting out a comprehensive programme framework is to help overcome the narrow, piecemeal thinking and actions that so dominate the early childhood development field. Rarely, if ever will it be possible for a programme to cover all of the categories set out in the framework. However, having an overall vision helps locate where specific initiatives fail and can indicate the missing pieces to planners and programmers.

Let us look now at each of the three dimensions.

Developmental Status

We have seen from the previous two chapters that early childhood development is a continuing process in which the child is changing constantly. That process begins prenatally and extends through the entire period of the child's early life. Clearly, different moments in this process will require somewhat different approaches. A child in the womb is obviously not the same as the child that is beginning to walk or talk. If a child development strategy is to be comprehensive, it should respond to changing needs throughout the development process. It is not enough to begin programming for child development when the child reaches age 3. Nor is it sufficient to think only in terms of improving conditions that will lead to the birth of a healthy, well-developed child.

Because child development follows a general pattern (even though the process will vary from individual to individual and culture to culture), it is possible to establish programme activities appropriate to general stages or levels of a child's development. These stages correspond roughly to certain age periods, but they are more accurately thought of in terms of particular developmental advances that occur as a child grows older. Very roughly, it is possible to think in terms of programmes appropriate to the following developmental stages:

- a prenatal period;
- infancy (up to about 18 months) that encompasses weaning, learning to walk, and early language development;
- a toddler and post-toddler period (about 18 to 48 months) during which a child's co-ordination, language, ability to think, and social skills advance by leaps and bounds;

- a preschool period (approximately ages 4 and 5) when co-ordination is relatively well-developed, and when cognitive development and development of preliteracy skills occur rapidly, along with greater attention to relationships with peers; and,
- a period of transition to school and the world at large (roughly ages 6 to 8).

Within governments, the organizational responsibility for programmes of early childhood development tends to follow developmental stages and/or the age of children. Prior to age two or three, responsibility for these programmes often falls to the health sector and/or to organizations concerned with family welfare. From age three onward, child development is more likely to be associated with education and preschools. This division is logical in the sense that survival and the early months of development are closely tied to the biophysical condition and maturation of the child, and that during this time, most children are cared for within the family; in the later preschool years, socialization and preparation for schooling take on greater importance, and the circle of caregivers widens. However, the division also hides the need for continuous attention of a co-ordinated nature. It reinforces the unfortunate tendency to omit psychosocial components prior to age 3 and to think of child development programmes as essentially educational programmes beginning at age 3.

In order to counteract the tendency to restrict programming for child development to one particular age group (for example, the preschool period as described at the outset of the chapter) and, in order to emphasize the simultaneous character of survival, growth and development, a comprehensive framework must make explicit the need for child development programmes that cover the different periods, taking into account the variations that are occurring in the child.

Complementary Approaches

In Chapter 1, early childhood development was described as a continuous process of interaction between the child (with a maturing set of biophysical characteristics) and the people and objects in its constantly changing world. That changing world (environment) was seen to include several levels of environments influencing the child's development, including the immediate environments of the family (or household) and

the community (or close social networks), a larger social, political and economic context (with attendant institutions, laws, policies and norms), and a culture (providing values, rituals, and beliefs).

Although the interaction with home, community, institutions and cultural values occurs at different distances from the child, each of these environmental levels influences the process of early development, either directly or through the actions and beliefs of the caregivers with whom the child interacts. It is evident, therefore, that a comprehensive child care and development programming strategy, seeking real and lasting improvements in survival, growth and development, must be conceived in such a way that it works at all of these levels. It must do more than provide direct attention to the child; it must strengthen and improve the various environments within which the child is developing. These considerations lead to a set of five complementary programme approaches:

1. Attending to children in centres. The immediate goal of this direct approach, focussing on the child, is to enhance child development by attending to the immediate needs of children in centres organized outside the home. These are, in a sense, "alternative" environments to the home.

2. Supporting and educating caregivers. This approach focusses on family members and is intended to educate and empower parents and other family members in ways that improve their care and interaction with the child and enrich the immediate environment in which child development is occurring rather than provide an alternative to it.

3. Promoting community development. Here, emphasis is on working to change community conditions that may adversely affect child development. This strategy stresses community initiative, organization, and participation in a range of interrelated activities, to improve the physical environment, the knowledge and practices of community members, and the organizational base allowing common action and improving the base for political and social negotiations.

4. Strengthening institutional resources and capacities. There are many institutions involved in carrying out the three approaches mentioned above. In order to do an adequate job, they need financial, material and human resources with a capacity for planning, organization, implementation, and evaluation of programmes. Programmes to

strengthen institutions may involve institution building, training, provision of materials, or experimentation with innovative techniques and models (improving the "technology" available to them). They may also involve providing the legal underpinnings for proper functioning of the institutions.

5. Strengthening demand and awareness. This programme approach concentrates on the production and distribution of knowledge in order to create awareness and demand. It may function at the level of policymakers and planners, or be directed broadly toward changing the cultural ethos that affects child development.

Although all five of the approaches are intended to enhance early childhood development, each has different immediate objectives and each is directed, initially, toward a different audience or group of participants. Figure 3 (see opposite) also summarizes the main objectives and audiences (participants/ beneficiaries) for each approach and lists several different models that might be called upon in trying to reach the objectives. Later in the chapter, we will provide examples for the first two of these five approaches, discussing each approach in somewhat more detail, suggesting advantages and disadvantages of each.

Although any overall plan for enhancing child development must pay attention to all five of the approaches distinguished here, the emphasis to be given to each approach within the overall strategy will, of course, vary considerably depending on the conditions of the particular place in which the programme is being developed.

Figure 3
Complementary Approaches to Programming for Early Childhood Care and Development

Programme Approach	Participants Beneficiaries	Objectives	Models
Deliver a service	The Child ▪ pre-natal ▪ 0-2 years ▪ 3-6 years ▪ 0-6 years	▪ Survival ▪ Comprehensive development ▪ Socialization ▪ Rehabilitation ▪ Improvement of child care	▪ Home day care ▪ Integrated child development centres ▪ "Add-on" centres ▪ Work place ▪ Preschools formal/ non-formal
Educate caregivers	▪ Parent, family ▪ Sibling(s) ▪ Public	▪ Create awareness ▪ Change attitudes ▪ Improve / change practices	▪ Home visiting ▪ Parental education ▪ Child-to-Child programmes ▪ Mass Media
Promote community development	Community ▪ Leaders ▪ Promoters ▪ Members	▪ Create awareness ▪ Mobilize for action ▪ Change conditions	▪ Technical mobilization ▪ Social mobilization
Strengthen national resources, capabilities	Programme personnel ▪ Professionals ▪ Para-professionals	▪ Create awareness ▪ Improve skills ▪ Increase material	▪ Training ▪ Experimental demonstration projects ▪ Strengthening infrastructure ▪ Improve laws
Advocate child development programmes	▪ Policymakers ▪ Public ▪ Professionals	▪ Create awareness ▪ Build political will ▪ Increase demand ▪ Change attitudes	▪ Social marketing ▪ Ethos creation ▪ Knowledge dissemination

Programme Guidelines

In planning and implementing programmes of child development, several principles and guidelines defining desirable programme characteristics should be kept in mind.

1. *Priority should be given to families and communities in which children are "at risk" of delayed or debilitated development.* If programming is to be guided by a principle of social justice, then emphasis must be given to those most in need. Selecting those deemed to be most "at risk" will involve some combination of information about:

- the condition of children (birth weight, infant mortality rates, nutritional and health status);
- the condition of women (educational levels, health and nutritional status, age at first pregnancy, work demands and earnings);
- family and support systems (size and composition, employment and income, the availability of adequate alternative child care);
- child-rearing beliefs and practices (feeding, health habits, nurturing, communication); and
- more general socioeconomic conditions (earnings and income distribution, literacy rates, availability of potable water, access to health and other services).

This guideline is easy to declare but not so easy to follow, regardless of what indicators are decided upon to define "at risk" children and families. Political realities and existing economic and social inequalities make it difficult to live up to the rhetoric. However, there are sufficient examples of political will, combined with social conscience and technical competence, to think that the guideline can be followed. Moreover, the plight of children is less politically charged than many issues and can, therefore, be a leading edge in efforts to reduce inequalities.

2. *Programmes should form part of a comprehensive, multifaceted strategy.* A programming strategy must begin with a set of objectives. Often mentioned as a starting point for child development programmes is the right of each child to be able to realize his or her potential. What it means to realize one's potential is defined somehat differently in different cultures so the specific objectives flowing from this goal will be different for different societies. For this reason, we have taken as the main goal of child development, and hence of child development programmes, the competence of children in adjusting to, performing in, and transforming

their own surroundings. In some cultures that will mean greater emphasis on independence; in others greater emphasis on group solidarity. In some cases, physical co-ordination will be central; in others abstract reasoning. In all, however, there will be physical, intellectual and social dimensions of development.

We have stressed that there is unity in a child's needs. Further, we have insisted that as these needs are fulfilled together there is an interaction effect at work enhancing child development in more than just an additive way. A clear implication of this unitary, interactive view is that programmes should be multifaceted and integrative. But we have noted the tendency for a piecemeal approach to predominate, with some programmes focussing on health or nutrition without attending to the stimulation and caregiver/child interaction that fosters psychosocial development, or vice versa.

Attempting to adhere to this guideline does not mean that all components must appear in all programmes of all organizations. Nevertheless, an overall strategy that is comprehensive and multifaceted should frame all child development programme efforts. Opportunities should be sought to blend services, to encourage multisectoral collaboration, and to fit new components into ongoing programmes whenever it is opportune.

Can this guideline be applied to each of the five complementary programme approaches? Consider the centre-based approach. Many child development centres do not include medical and feeding facilities and may or may not teach good health and nutrition habits to young children. A child-care centre, even with medical attention and feeding, may function with or without attention to early stimulation, organized play and/or educational activities. However, these several dimensions of child development can be incorporated into one "integrated" service, or be delivered separately, in pieces, through separate bureaucracies that nevertheless "converge" on one community or on one location (a community or home day-care centre, a preschool, a workplace, a health post, a community kitchen, a supplementary feeding centre, or another location).

Caregiver education, the second approach, often focusses on one component of development, say health, when it could include several, e.g. health, nutrition, and education. This occurs even though it is easier to integrate the content of education programmes than it is to integrate services. Community development programmes sometimes emphasize one

area - water and sanitation, for instance - instead of taking a multifocal view. Even though they may be justified in terms of their potential impact on children, community development programmes often neglect specific attention to a child's psychosocial development needs. This neglect is based on the false assumption that if changes can be made in the physical conditions of the community, the child's mental and social development will take care of itself.

Strengthening institutions is frequently conceived in a closed and unintegrated way. For instance, efforts may be limited to the upgrading of preschool teachers by providing training in Piagetian techniques related principally to the process of cognitive development. Or pediatricians may be trained to do a better job of diagnosing early childhood diseases, but not taught about the process of early childhood development. Less often will programmes cross lines to, for instance, introduce a psychosocial development component into the training of health personnel or into the routines of health institutions.

Finally, attempts to create a new ethos or new cultural values can be narrowly directed toward changing people's ideas about survival or about disease, or, they can take a broader view, reinforcing the natural tendency for most caregivers to consider the child as a unity.

3. *Programmes should be participatory and community based.* Community participation is sometimes encouraged for its own sake, as a basis for developing solidarity and greater control over one's own life. More often, however, participation is viewed instrumentally - as a means of making programmes more effective by engaging potential recipients actively so that usage will increase and so that the programme will respond appropriately to local needs. A growing body of experience shows that community participation increases the effectiveness of most programmes. Community participation also allows extension of services beyond what would be possible using only the budgets and resources of the public sector.

Participation in a programme can be defined in many ways. To the extent that centres are used, participation exists. Use, however, does not imply input into the content, financing or running of a programme. It may mean simply using services offered. This simple use is not the kind of participation to which the guideline refers. More common is a definition in terms of the donation of materials or labour needed to build facilities. This view of participation is still extremely limited in concept and in time. It is not the kind of participation that leads to acquisition of new

knowledge and skills. It does not include the sustained involvement that will be necessary for most programmes to survive.

A more complete definition of community participation in a programme would include mobilization and direct involvement of the community in all phases of programme activity - in design, implementation, and evaluation. It implies the existence and growth of organizational mechanisms through which participation can be expressed. It means involving the community at large, not just a selected few individuals, in a process of discussion and action on a continuing basis.

Rhetoric to the contrary, most programming for child survival, growth and development is biased against participation by a significant portion of "users" over a sustained period and in various phases of programme formulation, implementation and evaluation. This is particularly true of most centre-based initiatives providing direct attention to children; they tend to be designed, financed and organised from outside local communities. That is more often the case if they are centralized public programmes and if broad coverage is sought. However, child care and development centres can be, and sometimes are, set up and run with local participation even if financing comes from outside sources and general guidelines are set nationally.

A caregiver education approach can also range from an extremely participative approach based on the specific experiences and knowledge of groups of parents who learn and support each other in discussion groups, to programmes in which the caregivers are simply given information deemed appropriate to their situation, without adjustment to local circumstances and without discussion of the content. "Teachers" may be outsiders or they may be local individuals who are themselves successful caregivers.

The difference between a participatory and a nonparticipatory outlook in programmes of caregiver education is captured in a distinction between "transmitting child development messages" and "discussing child development themes." Similarly, community development programmes and efforts to strengthen institutions can be highly participatory and locally controlled or can be imposed and virtually without involvement in planning, financing, or implementation

Finally, creating awareness in the general public or among political leaders, professionals, or opinionmakers can also be approached in a more, or less, participatory way. Again, people can be told what they

should value and believe, or they can be helped to discover these through participation.

The following two guidelines are closely related to the above discussion emphasizing the need for programmes to be participatory and community based.

4. *Programmes should be flexible and adjusted to different sociocultural contexts.* Nations, communities, and cultures differ widely in the particular needs of their children. Unless programmes can identify varying needs of diverse communities and respond accordingly, programmes run the risk of being irrelevant to the prevailing conditions and needs. Moreover, achieving real participation will be difficult. Arriving with a standard package of solutions to preconceived problems does not favour participation or achieving the desired outcomes. If, however, community participation is to include consultation at all stages, programmes must be flexible enough to incorporate the results of that consultation. Nevertheless, there is a natural tendency for programmers to seek standard solutions that can be spread widely (see also Guideline 7).

5. *Programmes should support and build upon local ways that have been devised to cope effectively with problems of child care and development.* This guideline is based on the assumption that programmes are more likely to work if they begin with solutions devised and tried out locally rather than with solutions imposed from the outside. It places an important value on coping skills and on innovative measures born of necessity. The position contrasts with one in which knowledge is assumed to reside in the heads of outside "experts" without, however, denying the potential role of outsiders in helping communities see and experiment with new ways to enhance early childhood development. Respecting local cultures and building on local ways can be termed a "constructionist" rather than a "compensatory" view. If community participation is real, programming will, by definition, be constructive and respectful of culture.

6. *Programmes should be financially feasible and cost-efffective.* Clearly, programmes must be possible to implement within recognized resource constraints, and they should be economically feasible beyond an initial period when costs may be borne by an outside source. The economic "feasibility" of a programme, however, is only partly a matter of available funds - it is also a matter of priorities and of how funds are

divided up. If a programme has been assigned a high priority, it can be afforded and made feasible by giving up something of lower priority.

Costs can vary considerably depending on the programme option chosen. It makes sense that every effort should be made to avoid using expensive imported technologies, materials or personnel when these are not needed. Often locally available resources would produce equivalent results at lower cost.

The reader may notice that this guideline is not couched in terms of "low-cost" programmes. The object is not to seek the lowest cost in a programme because some cost cutting measures will also lead to a cut in effectiveness. A low cost project that has little or no effect is a waste, more so than a programme with higher costs that is an effective programme.

Within each of the five approaches we can find higher- and lower-cost options. A centre-based care programme in which 15 children are cared for in the home of a neighborhood woman, trained as a paraprofessional, assisted on a rotating basis by mothers of the children in the centre and supported by a system of community health posts is likely to cost considerably less per child than a centre-based care programme gathering 60 children together in a special building, and employing a director, a professional preschool teacher, several aides, a cook, and a guardian, and stocked with store-bought furniture. Or, a mass media model of caregiver education may be able to reach many individuals with messages at a very low cost per person, as compared with a more labour-intensive, higher-cost (but potentially more effective) programme of discussion groups.

A higher-cost programme model may turn out to be much more effective than a lower-cost model. However, if the high cost is so prohibitive that it restricts a programme to only a few privileged individuals, it will not allow application on a large scale and may have to be discarded as unfeasible, even though it is cost effective. Therefore, to make the best use of resources, it is critical to seek options that are relatively low in cost and high in effectiveness. The observation that the lower the cost, the greater the extension of the programme can be with the same amount of available resources, brings us to the final guideline included in our programme.

7. *Programmes should try to reach the largest possible number of children who are "at risk."* Because the need is so great in most countries of the Third World, programmers should give priority to those programmes that offer the best prospect of reaching the most children who are "at risk," with an effective solution. That means looking beyond demonstration and pilot projects to the possibility of implementation on a large scale.

The "scale" of each approach may be pictured simplistically as running from very low coverage to a figure of 100 percent. Determining what constitutes "scale" is, however, not that simple. First, one must determine what population is to be reached. That may be very different from the total population of all children under age 6, or of all pregnant and lactating women. Not all individuals may need to be reached, while the number of children who need programme support may be different for different actions affecting early development. For instance, 100 percent coverage may be both desirable and necessary for an immunization programme, but a programme of early stimulation may not be necessary for a significant proportion of that same population because they are already receiving adequate stimulation and nurturing.

However, "scale" can be achieved in several ways, only one of which is by expanding a single model or programme to reach all of the desired population. Another way is by adding together the results of several different actions, each based on a different model, and each reaching a different segment of the population. Taking this latter view of scale by "association" or "addition," allows high coverage to be increased by encouraging a series of smaller programmes as well as by launching uniform national initiatives. Adopting this approach to scale is crucial if we are to reconcile the desire for community participation with the desire to reach large numbers of children.

These seven guidelines, taken together, provide a litmus test for programmes. The test can be applied to any or all of the complementary approaches at each of the developmental stages.

Having set out a broad framework to guide us, we turn now to some examples of what kinds of programmes can be organized within the first two of the five complementary approaches.

Attending to children in centres

There are several potential advantages of attending to children in groups gathered together in some kind of centre.

- Direct attention allows programme implementers to know whether a child is actually receiving the elements of care.

- Grouping children facilitates protection, health care and nutritional monitoring.

- For children ages 3 to 6, centres provide a kind of social interaction that is needed and is not available in homes.

- Centres provide visibility that is useful politically, both to get programmes going and to sustain them. They can also serve as rallying places for parents and the community.

But there are cautions as well:

- Attention outside the home can raise conflicts between home and the alternative environment (at a personal level, or in terms of the different values being promoted). If a child returns to a home that is very different from the centre, then "advances" made in the centre may not continue.

- In some cases, families abrogate responsibility, giving it over to the centre.

- Grouping children can increase the chances of exposure to communicable diseases (but also make it easier, in theory, to prevent, or treat them).

Examples

The following five examples illustrate several modes of attending to children in centres. A programme of formal preschools is not illustrated; rather, the concentration is on alternatives to the more formal system. The Indian and Peruvian cases illustrate nonformal programmes based in the community, the first with little community participation and the second relying more on community members. Home day care on a relatively large scale is illustrated by the Colombian example. The Nepalese case describes a cooperative programme linked to a loan scheme for women. Finally, the Brazilian example shows how an integrated programme might operate in an urban setting and pay for itself.

India: Integrated Child Development Services (ICDS)

Beginning in 1975 with 33 experimental projects, the Integrated Child Development Services (ICDS) has grown to almost 2000 projects in 1989, reaching 11.2 million children under 6 years of age (Hong, 1989). The overall goals of the programme are: to provide a comprehensive range of basic services to children, to expectant and nursing mothers, and to other women aged 15-45; to create a mechanism at the village level through which the services can be delivered, and to give priority to India's low-income groups, including the underprivileged tribes and scheduled castes. The specific objectives of the ICDS programme are:

- to lay the foundations for the psychological, physical, and social development of the child:
- to improve the nutritional and health status of children, 0 to 6;
- to reduce the incidence of mortality, morbidity, malnutrition and school dropout;
- to enhance the capability of mothers to look after the needs of the child;
- to achieve effective co-ordination among agencies and departments involved in child development.

The integrated package of ICDS services works through a network of Anganwadi (literally, courtyard) Centres, each run by an Anganwadi Worker (AW) and helper, usually selected from the local village. The AW undergoes a three-month training in one of the more than 300 training centres run by voluntary and governmental agencies. Responsibilities of the AW include: non-formal preschool education, supplementary feeding, health and nutrition education, parenting education through home visiting, community support and participation, and primary maternal and child health care referals. Support is provided to the AW by a supervisor (1 per 20 AW) and a Child Development Programme Officer (1 per 5 supervisors) who is directly responsible for the implementation and management of each ICDS project.

The ICDS programme utilises existing services of diverse governmental departments and of voluntary agencies. Overall administration lies with the Department of Women and Child Development within the Ministry of Human Resource Development. The annual unit cost per child per year was estimated at 151 rupees (approximately $US 10.00).

Although the programme often operates at a minimum level of quality, it has nevertheless had important effects on the under-six population. For instance, a review of nearly 30 studies of the nutritional impact reveals nearly unanimous results documenting a positive outcome. A 1984-86 comparative study done in a number of locations showed ICDS/non-ICDS infant mortality rates of 67 vs. 86 in rural areas and 80 vs. 87 in urban areas. In a comparative study of effects on schooling, one researcher found that those with ICDS backgrounds had a higher primary school enrollment rate (89 vs. 78 percent), were more regular in primary school attendance, had better academic performance and scored signicantly higher on a psychological test (Raven Colour Matrices), than non-ICDS children. Furthermore, the difference in enrollment rates was accounted for by differences among girls. In another study, it was found that primary school dropout rates are significantly lower for ICDS vs. non-ICDS chldren from lower and middle caste groups (19 vs. 35 percent for lower castes and 5 vs. 25 percent for middle castes).

The ICDS, the largest programme of its kind, illustrates the power of political commitment to achieve significant rates of coverage in integrated programmes of attention to children, ages 0 to 6, with important effects on health and education and at a reasonable cost per child.

Peru: A Nonformal Programme of "Initial Education" (PRONOEI)

In 1967, a nutrition education project for mothers was begun in several villages in highland Peru in the Department of Puno where the infant mortality rate was then greater than 150 and malnutrition was widespread. The project, initiated by volunteers from a regional university, evolved into a community programme that included daily cooking of mid-morning snacks for children, ages 3 to 5, gathered together for several hours each weekday morning. From this cooking programme, a non-formal preschool also emerged that was intended to help the children who were brought along to develop mentally and socially, and to prepare them for schools (Myers, et.al, 1985).

Five years later, as part of a major educational reform, the government extended this small-scale community-based model, launching a major child care and development initiative in the Department of Puno. Since then, the community-based non-formal model has spead widely throughout Peru, offering an alternative to the formal preschool centres.

Community participation takes several forms: provision of a site (and often construction of a building) for the "Children's House"; selection of an "animator" who is paid a gratuity but is essentially serving the community as a volunteer, and management of the centres through a parent comittee. In some cases, income generating projects have been created as part of the programme, and in most, the food supplied from government progammes is supplemented by local contributions.

An in-depth evaluation of the PRONOEI in 1985 showed that PRONEI children were socially and intellectually more prepared for primary school than a comparison group of similar children who had not participated in the PRONEI. The difference appeared despite the minimum quality of many of the PRONEI. In addition, this difference did not seem to be retained as children moved through the primary school, presumbly because of the low quality of the primary schools.

The per student cost of programmes (using enrollment figures and not counting the contributions of the local community in terms of labour and materials), amounted to about $US 28.00 per year, or less than one-half the cost of the alternative formal preschool programmes. The experience suggests that effectiveness at low cost can be achieved over time in a relatively large scale non-formal preschool programme but that there is a need to consider the preschool and primary school programmes together in order to maximise the effectiveness of both.

Colombia: Homes of Well-being

The Colombian programme of "Homes of Well-being" is a large-scale, community-based response to the problems of malnourishment and delayed development that plague many of the country's 5 million children under the age of seven. In this programme, children from ages one to seven are cared for in groups of about 15 children in homes located within their own neighborhoods. While meeting directly the care and development needs of the children, the programme also seeks to improve a community's economic base by providing paid employment to neighborhood care-givers, by freeing other women to seek (or upgrade) their employment, and by directing funds to local businesses for economic activities related to the home day care (e.g., improving homes, supplying food).

The programme is rapidly approaching large scale. Since its start (1986) the programme has expanded to cover about 800,000 children (1989).

A programming strategy

This is a community-based programme. Community members participate in an initial analysis of the communities needs for services, taking into account children's ages, family income and employment, and physical and environmental variables. (If services are needed that the programme cannot provide, links are made to other organizations that can assist.) The community also determines the number of "Homes of Well-being" that will be necessary to meet children's needs and selects local women to become home day care mothers. Local management is the responsibiltiy of a board consisting of parents who are responsible for purchases and payments to the comunity mothers. A major share of the funding and the coordination of the programme falls to the Colombian Institute of Family Welfare (ICBF), with additional responsibilities shared with the Ministry of Public Health, the National Apprenticeship Service, the Institute of Territorial Credit (which provides loan funds for the up-graidng of the homes), and other government and private organizations. Children are assigned "scholarships" which are used to pay the home day care mother.

Day care mothers receive training in tne care and development of children as well as in family and community relationships, and in nutrition and health. Once trained, each woman cares for approximately 15 children between the ages of 1 and 7 years - in her own home during approximately 8 hours per day. Each day she is assisted by one of the women whose children are in the home - on a rotating basis. Care consists of providing children with the conditions necessary to foster their health and their physical, psychological and social development.

An extensive evaluation of the programme undertaken in 1991 (ICBF, 1992) suggests that the programme has been effective in meeting child care needs of parents at low cost and in enhancing child development.

Nepal: Project "Entry Point"

Project "Entry Point" is unusual for its joint attention tc the child care needs of working women (families) and the developmental needs of young children (Arnold, 1990). The setting for the proje_t is rural Nepal where more than 42 percent of the population is estimated to live below the poverty line and where the infant mortality rate is above the national average of 119 per 1000. Women play a major economic role in the sustenance of the family farm which produces approximately 80 percent of the families average annual income. They are also engaged in a range of informal income generating activities.

Recognizing the women's economic role and their need for credit, the government initiated a programme of Production Credit for Rural Women. The goal of the credit scheme was to support activities that would simultaneously generate income and improve conditions in the community, including levels of health, nutrition, and literacy. As the project took shape; it became clear that working women (because society continued to assign them responsibility for the upbringing of children) needed an alternative arrangement for child care. "Entry Point" was born, both to free women's time for economic activities and to improve the well-being of their children.

To obtain and guarantee repayment of credit, the credit programme asked that the women organize themselves into small groups of five or six. These groups of women also became the unit for organizing day care. Within the group women agree to share responsibility for taking care of their children between the ages of 1 to 3 in their homes, and on a rotating basis, each woman taking the children in her home for one day of each week. In 1989, approximately 54 groups of mothers in 11 districts were in operation, and an estimated 1,700 children participating in the home day care arrangements.

All women in the group receive an intensive 4-day training course at the village level. Each group is provided with a basic kit of materials. Since the majority of the women are illiterate, pictures of different activities are used in the curriculum and training that has been provided by an innovative Nepalese NGO.

A pressing demand for training - beyond the capacity to meet the demand - sugggests the project is successful because others also want to start similar programmes. A variety of factors seem to contribute to this success including the power of group support, a decentralized planning process involving community definition of needs, a comprehensive curriculum, and on-site training which respects traditional practices while incorporating new information. Success has occurred in spite of difficulties related to Nepal's difficult geography, the need to follow-up initial training, and occasional conflicts between traditional and child-centred approaches to childrearing.

Because the care is provided by local women on a rotating basis, the operating cost to the government of this project is very low. Benefits accrue to both women and children.

Brazil: Programa de Alementaçao de Pre-escolar (PROAPE)

Integrated attention to the educational, health, and nutritional needs of young children can be a cost-effective investment. In Brazil, an innovative programme involving urban families living in marginal economic conditions, paid for itself by reducing repetition significantly in the first years of primary school.

PROAPE, funded under a nutrition loan from the World Bank to the Brazilian government, began in 1977 as a pilot project in the State of Pernambuco and, in 1981, was extended to another 10 states of Northern and Northeastern Brazil, using several adaptations of the pilot project. The PROAPE model involves bringing children ages 4 o 6 together in centres during weekday mornings in groups of about 100 children for a snack and for supervised psycho-motor activities. A health component is also included involving check-ups, vaccinations, dental treatment and hygiene and visual examinations.

The children are attended by a combination of trained personnel and participating family members. In the original model, one certified professional was assisted by six community members. In one state, Alagoas, the centres were run by three trained para-professionals called "estagiarias" who received help from parents. The estgiarias were paid 70 pecent of a minimum salary for their morning's work (MS/INAN, 1983).

One evaluation of the PROAPE programme revealed that the combined repetition and drop-out rate for PROAPE vs. non-PROAPE children was 39 percent vs. 52 percent in the first grade and 27 percent vs. 44 percent in the second. The total cost of schooling (including preschool PROAPE services) per second-grade graduate was calculated at about 11 percent less for students who had been in the PROAPE programme than for those who had not been. The programme paid for itself.

In the Alagoas case, evaluation data showed a similar result: 73 percent of the children from PROAPE passed the first grade (in 1982) vs. only 53 percent of the children without any preschool experience. This was so despite the fact that the PROAPE children attended for only 78 days. In this case, the combined preschool and primamry school cost per first grade graduate for PROAPE children (including the PROAPE cost) is 17 percent lower than for a child with no preschool experience.

Educating and Supporting Parents

This particular approach deserves a great deal of attention. What are the advantages?

- both caregivers and children can benefit.

- family responsibility can be reinforced.

- existing programmes can be better utilized.

- improvements in child development are more likely to be sustained.

- a "combined" approach can be fostered with relative ease because content can be combined without having to combine bureaucracies.

- broad coverage can be achieved at relatively low cost.

As might be imagined, there are several cautions to be kept firmly in mind when establishing such programmes:

- to be effective, parental education should be timely.

- education should be culturally appropriate, reinforcing what people know that is positive while adding to knowledge.

- the process of transferring knowledge, if it is to be effective, must provide for interpersonal exchange and mutual support.

- parental education is not a panacea, but is one among several complementary strategies.

The examples illustrate several different forms of educating and supporting caregivers. The Indonesian example is built around a programme of home visiting. The Chinese have organized a somewhat more formal programme of parental education, complete with a certificate. A child-to-child approach is shown by the Jamaican case. Both the Indonesian and the Thai examples show how parental education can be nested within a nutrition programme. Finally, the Chilean example illustrates parental education within a general community development strategy and using local media to good advantage.

Indonesia: Two Initiatives

An extensive network of community-based programmes in population, health and nutrition has grown up in Indonesia over the last 15 years. These programmes and their organizational structures have provided a base for the introduction of early childhood development programmes

designed to enhance the mental and social development of children under five years of age.

In 1982, in conjunction with periodic weighing of young children and the distribution of food, the Bina Keuarga and Galita (BKG) project, initiated by the Associate Ministry for the Role of Women, began working to bolster the knowledge, awareness and skills of mothers and other members of the family, thereby enabling them to provide a more appropriate developmental environment for their young children. Field workers - women chosen from the communities being served - were provided with training in child development and in methods for working with adults. Usually, these women, known as "kaders", were chosen because they had been susccussful in promoting the development of their own children - in spite of adverse circumstances that put their children, as well as others in the community, "at risk" of delayed development or debilitation. These community workers organized workshops at the nutrition centres where mothers would participate in group discussions, share experiences, make and borrow toys from a toy-lending library, and agree upon particular activities that they could carry out at home (e.g., ways to use the toys made, talking to the children at bath time).

In 1968, an Indonesian research project on childrearing practices pointed to a number of practices detrimental to health and/or development and identified some traditional practices that were positive and needed to be reinforced. Based on this research, the PANDAI project was established, complementing the BKG initiative described above. (PANDAI is at once an acronym for words meaning child development and mother's care and an Indonesian word which means "clever" or "smart.") This project involves home visiting by volunteer kaders who work with parents and other caregivers to improve their attention to and interactions with children. Visits are made two times per week. Health, nutrition and mental and social development issues and practices are discussed using a "cartoon curriculum." The cartoons provide a message but do not require literacy (Satoto and Coletta, 1989).

These projects illustrate an appoach to child health, nutrition and development based on local practices, calling upon skills of "successful" local caregivers, and bringing together several components for their simultaneous impact on child survival and development.

China: Parent Schools

A parental education initiative, begun in 1985 in the People's Republic of China, has, by one 1989 estimate, resulted in the organization of 200,000 "Parent Schools" (Chinese Parents, 1987). The rapid growth reflects, at least in part, parental concerns about how to deal with children in the one-child family. The purpose of the programme is to assist parents by empowering them with knowledge.

Educational content varies from place to place, based on local needs and resources. Topics treated are determined by the findings of an intersectoral group (health, nutrition, child development, education, others) brought together locally to examine existing research, identify local resources, and define needs of parents and children. This is done at the initiative of the All China Women's Federation which is organized at five levels, including the community level. Specialists or staff from local insitutions provide up to eight sessions for parents over a term. In support of, and sometimes in addition to, the local curriculum and materials, general materials related to child development are provided by the Women' Federation.

Most of the parent schools are attached to kindergartens, primary schools, middle schools, or hospitals. In addition, some communities provide programmes for newlyweds or potential parents. In some cases, librairies have been set up in a special room in the base institution where parents can come to read and study in between meetings. Participants are given a parenting education certificate if they have participated in all or most of the meetings.

The costs of mounting this programme are primarily costs of people's time, rather than monetary costs. Time is given by the ACWF membes for organization, by local experts for diagnosis and presentations and by participants who take the courses. All of these time contributions are voluntary. The monetary costs are restricted to developing and distributing materials. In brief, from the standpoint of the government, this is a very low-cost project.

Jamaica: Child-to-Child

Child-to-Child programmes are designed for childen who are usually between the ages of 8 and 15 and who are often, at one and the same time, caretakers of younger siblings, future parents, communicators of information to their parents and other caretakers, and community members, capable of improving conditions affecting health and

development. The Jamaican Child-to-Child programme is directed specifically at improving the knowledge and caretaking practices of primary school children, ages 9 to 12, and through them, the knowledge of parents or guardians.

Begun in 1979 on an experimental basis in only one school by the Tropical Metabolism Research Unit (University of the West Indies), the programme was extended to 14 schools where an evaluation showed it to be well received, and has now been incorporated into the regular primary school curriculum for the entire country (Knight and Grantham-McGregor, 1985).

The curriculum provides information about health, nutrition, psychosocial development and dental care. Children are taught how to make toys from waste materials and how to play with them so as to encourage a younger child's development. Immunization lessons deal with the purpose of immunization, the diseases that can be prevented, and the times when immunization should be done. The action-oriented curriculum includes role play, group discussions, demonstrations, toy-making, drama and song. Most of what is imparted in a Child-to-Child programme is already contained in the curriculum of the primary school. Adding some emphasis, relating the knowledge to activities, and presenting materials in a new, interesting and participatory way, however, can bring major benefits.

An evaluation of the pilot programme showed that children improved significantly in their knowledge of all areas. In addition, the knowledge of parents and guardians improved as did their encouragement and support of play with younger children. Teachers also improved their knowledge of health and development and were introduced to new forms of teaching.

When all costs of the project directed to children in the 14 schools were estimated (teachers' salaries for the partial time devoted to Child-to-Child , training costs, supervision, materials, curriculum development and production of a curriculum package, and evaluation) the cost per child per year was approximately $US 15.00 per child. As the initial development costs are spread out over many more children with expansion of the programme, the per child cost will be reduced somewhat. The "per child" costing does not take into account that parents and teachers also benefit. If that were done, the resulting per person cost would be lower.

Thailand: Integrated Nutrition and Community Development Project

Analyses by the Ministry of Health in Thailand pointed to three major constraints to significant reduction in the level of protein enery malnutrition (PEM) in infants and preschool children:

1) inadequate coverage by the health system,

2) the lack of community awareness of the problem,

3) inadequate multi-sectorial input to the nutrition programme.

Studies had shown also that, by themselves, income-generating projects did not necessarily have an impact on the problem. Accordingly, the government, in 1979, introduced a programme of community-based primary health care together with a programme of growth monitoring, accompanied by a supplementary food programme and nutrition education, all within a national plan for poverty alleviation.

Within this broad framework, the Institute of Nutrition at Mahidol University carried out a nutrition education project that was directed toward families with the most vulnerable infants and preschoolers. An important part of that nutrition education was a psychosocial component focussing on caregiver-child interactions and on improvements in the physical and social environment surrounding the child (Kotchabhakdi, 1988).

As a basis for the project, childrearing attitudes and practices were studied. A number of nutritional and social taboos were discovered that were not beneficial to the child. For instance, a misbelief about colostrum and early suckling was associated with failure to begin breastfeeding immediately following birth. In addition, it was found that few mothers recognized the visual or auditory abilities of a baby at birth. Mothers displayed little awareness of their own capacity to make a difference in their child's development by making use of existing resources to create a more nurturing environment.

With these practices in mind, a series of five interactive videos was created. One of the five was specifically oriented toward child development, aimed at creating maternal awareness of her child as an individual with early perceptual ability, and at recognizing the importance of play and of mother-child interaction in that play and in supplementary feeding. A second video compared two 15-month old boys, one malnourished, the other normal, identifying behvioural as well as nutritional differences. Health communicators in each village, who also

served as distributors of supplementary food, were trained in the use of the videos which were presented several times in each village.

On the basis of interviews with mothers of under-two children, and of observations in the home, evaluators of the project concluded that maternal knowledge about, and attitudes toward infants' ability to see were significantly more positive after seeing the videos. More open cradles were found during home visits. More colostrum was given. The results suggest that visual messages provided in a way that permits discussion, can bring about significant changes in childrearing beliefs and practices.

This project illustrates how both nutrition and psychosocial education components can be incorporated into a national programme of growth monitoring and targeted supplementary feeding with good results, using a method that does not depend on literacy and taking into account local practices.

Chile: The Parents and Children Programme (PPH)

The general and interrelated objectives of PPH are enhanced child development, personal growth of adults, and community organization. To achieve these goals, weekly meetings are organized in participating rural communities in the Osorno area of Southern Chile (originally 50 communities, now approximately 200). The meetings are timed to concide with a radio broadcast over a local radio station which uses radio dramas and other devices to pose a problem and to stimulate discussion.

Discussions at the meetings centered, originally, around different aspects of the up-bringing of children. Topics include how to help children learn to talk, to read, and to count; human relations in the family; nutrition and how to make the best use of food supplies; food preservation; alcohol abuse. These topics have broadened to include questions related directly to earning a livelihood. Materials related to each theme supplement the radio presentation of the problem. The discussions, which are led by a local "promoter" chosen by the community, lead to suggestions and plans for community action in the various areas.

Within the project, the child development goal is also promoted through preschool exercises for children in the form of worksheets. These worksheets are designed to enhance perception, thinking skills, use of symbols, creativity, curiosity, and the motivation to learn. Parents go over the materials in their meeting, then take it home for the children

who, sometimes with the help of the adults, complete the worksheets to be taken back to the next weekly meeting.

Assisting the development and implementation of the PPH are staff members from a non-govenmental organization (El Centro de Investigacíon y Desarollo de la Educacíon). CIDE works closely with the local radio station.

An evaluation of the programme has shown positive effects on the children, on their parents, and on the community at large (Richards, 1985). Children participating in PPH score better on readiness tests and do better in school than those who have not participated. The evaluation identified changes in adult attitudes and perceptions, evident from their descriptions of the project itself, the way they spoke about changes, the ease with which they reached agreements, and their ability to act on conclusions. The basic change identified was from "empathy' to participation in constructive activities as a sense of self-worth was strengthened.

The cost per child per month of the programme was calculated as $US 6.38 per month. A high-quality kindergarten was costed at six times that amount and the cost of a low-quality day care center at double the amount. A minimum wage was five times the monthly cost. If the calculation is made on a per person basis, rather than per child, the cost amounted to $US 1.62 per month. These costs do not count donated time by the community. In brief, community participation brought both benefits and lowered costs.

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VI WHAT MUST BE DONE?

The preceding pages should leave little doubt that a greater investment is needed in programmes of early childhood care and development, and that these programmes helping children to obtain a "fair start" in life can pay high dividends.

It should now be clear that most children (even LBW children) are born with extraordinary capacities - their senses and a functioning brain, the desire to interact, an inner motivation - all of which allow communication and learning. We can let these capacities wither, with all the personal and social costs that implies, or we can support and enhance them. It should also be clear that investment in programmes of early childhood care and development can help to moderate social inequalities, can increase economic productivity and result in major cost savings, can make other programme activities more effective and efficient, and can provide a political rallying point for actions to benefit the common good, reaching well beyond the immediate benefit to children. We can seize the opportunity and seek these benefits by assisting children and their families or we can let opportunity pass, with the attendant consequences. The need to act has become ever more pressing as the need and demand have increased, brought about by changing demographic, social and economic conditions.

We have argued that an adequate knowledge and experiential base exists to begin work. Moreover, programme examples abound that can provide the starting points for action. We need not wait for further research to provide us with magical answers. Additional answers are in the making, but to wait for such answers would be to deprive millions of children of their fair start.

What must be done to see that the opportunity presented to us is not lost? In moving ahead are there particular challenges? What should be given priority as we focus our attention on enhancing child care and development in the period from birth to age 7 or 8. including the period of transition to schooling?

Acquiring new attitudes

To mount such an effort, it will be crucial to overcome many misconceptions and to foster new attitudes. To that end:

- we must recognize that child survival and development are not sequential but are simultaneous, and we must work to integrate these two programme lines.

- we must recognize the synergism between psychosocial well-being and health and nutritional status. That means overcoming the misconception that health and nutrition affect mental and social development, but not the reverse.

- we must stop thinking that investments in early childhood care and education "trade off" against investments in health or primary school or women's programmes, and recognize that they will make these programmes more effective and efficient.

- we must recognize that mothers, historically and actually, are not the sole caregivers of children and that alternative child care arrangements can be supported, increasing our sensitivity to the multiple needs and roles of women.

- we need to recognize that children are active participants in their own development, not just passive creatures to be stimulated. This means recognizing that learning, in general, is an active process.

- we must recognize that the most basic learning of all occurs during the preschool years and occurs in many forms; learning is not something that begins with entry into school nor is teaching restricted to teachers. Parents are a child's first and most important teachers.

- we must stop thinking that only "professionals" have the answers, looking both toward "traditional wisdom" and toward paraprofessionals and parents and community members as partners in the process of fostering a child's development.

Correcting these misconceptions and acquiring these attitudes would go a long way toward building the political and popular will that is needed for action.

Characteristics of an early childhood development programme

What might the characteristics of such a major effort be? Previous pages, and particularly Chapter V have given us most of the elements, which bear repeating.

1. In Chapter V, five complementary programme approaches were set out, beginning with direct attention to the child, and moving on to work with parents, communities, social institutions, and on changing the public position with respect to children and their development. Within each, various models are available. In different locations, different programme combinations will be required depending on the particular circumstances.

2. As programmes are formulated and implemented, they should:

- focus on children and families whose living conditions put the child most at risk for delayed or debilitated development.

- take a multifaceted view of child development, seeking integration or convergence of programmes in order to take advantage of the synergisms among health, nutrition and early education. This means working hard to overcome bureaucratic and academic compartmentalization that tend to cut the developing child into unrelated bits and pieces.

- work toward partnership with families and communities, seeking a participation that goes beyond superficial or one-time donations to real involvement in planning, management and evaluating programmes.

- be flexible enough to respect and adjust to different sociocultural contexts, reinforcing local ways to cope effectively with problems of child care and development, even while introducing new ideas.

- look toward approaches and models that are financially feasible and cost effective, taking advantage of the appropriate technology that has proven effective.

- try to reach the largest possible number of children who are "at risk."

3. Programmes must take into account changes in developmental needs in the prenatal, infancy, toddler and post-toddler, preschool, and early school periods.

Challenges

Embedded in the above ideas are several special challenges.

Thinking in a holistic way; combining actions. One of the greatest challenges to be faced is that of recovering a holistic and integral way of thinking when specialization and partition are ascendent.

In approaching child development a broad and integrative view is essential. We would do well to remember that

"... a child is born without barriers. Its needs are integrated and it is we who choose to compartmentalize them into health, nutrition or education. Yet the child itself cannot isolate its hunger for food from its hunger for affection or its hunger for knowledge" (Alva, 1986).

In trying to operationalize this holistic view, respecting the unity of the child, it may be necessary to admit that we will not easily "integrate" bureaucratic structures, each established for a specific purpose such as health delivery or education. We might, instead, stress the convergence of existing programmes of health, nutrition and education on those most in need. Organizational devices such as placing co-ordination outside specialized agencies, building networks and creating interorganizational activities will help to provide integration. In the last analysis, however, integration will occur in the actions of family members and others who are responsible for child care. Thus, programmes of parental education, with integrated content, offer promise for affecting early development. That integrative process can be helped along by making planning a collaborative process crossing bureaucratic lines and involving grass-roots organizations which have an integrated view.

Being flexible, avoiding blueprints or magic solutions. Another challenge facing us is overcoming the natural desire to discover and apply one specific solution or technology to all children. Programming to enhance the mental, social and emotional development of young children cannot be built around the hope of discovering a child-development vaccine. Children are different. Contexts are different. But fortunately, a range of available technologies exist that can be called upon, some more appropriate to one context, some to another. In approaching this challenge, it is obvious that a decentralized organization will have an advantage over a centralized one. It is also clear that the greater the involvement of individual families and local communities in establishing and implementing programmes to foster integrated child development, the more likely these are to be adjusted to local realities.

Reconciling a desire for "scale" with the need for flexibility and the importance of local participation. The challenge of flexibility does not mean that programmes must be small in their conception or in the number of participants. It does mean, however, that such large-scale, centralized measures as information campaigns must contain within them devices allowing content to be adjusted locally. It does mean that providing information to people on a large scale cannot be regarded as a solution equivalent to an innoculation. Follow-up will be needed that will take different forms depending on the particular circumstances.

There is a tendency to equate scale with centralized programming and with single approaches to a problem, but that need not be the case. In contrast to a centrally-run immunization or literacy campaign reaching large numbers of individuals, we might think of "scale" as the sum of a great many local or regional programmes, each distinct, but each directed toward the same end: improvements in child survival and development. In this view of "scale by association" it is possible to envision programme effects for large numbers while incorporating the ideas of flexibility and local participation. The role of governments or other centralized organizations in such programmes would be to provide general guidelines, to motivate, to offer additional resources as needed, to provide ideas, and to help with the monitoring and evaluation. This view of going to scale allows for expansion of local programmes over time, within districts and regions, but does not require expansion to a national level in order for a project to be considered successful beyond its original demonstration or pilot phase.

Some Priorities

With the above considerations and suggestions in mind, what deserves special attention in programming for early childhood care and development?

1. *The earlier the better.* Among the several age groupings that can be distinguished roughly as a child experiences developmental changes between the time of conception and age 8, priority should be given to the period before about the second birthday. Development and learning during this period occurs extraordinarily fast and the results form the basis for most of later learning.

Viewed from a standpoint of intellectual, social and emotional development, this earliest period in life has been neglected. However, the fact that development is so closely tied to health and nutrition in these

early months and years, and the fact that considerable attention is being given to these dimensions, opens innumerable opportunities for incorporating a psychosocial dimension into ongoing health and nutrition programmes.

2. *Support and education of parents and other family members.* Because the family, in all its varieties, provides the primary environment for child development during the early years, the first focus of programmes should be on helping families in their task. In Chapter IV, advantages and cautions of this programme approach were listed and several examples given of different ways support and education might be operationalized. These include home visiting programmes as well as programmes incorporating education into adult education (for instance, nutrition and health education) and literacy programmes. They also include working with perspective parents through child-to-child programmes.

3. *The transition from home to school.* Schools often differ dramatically from homes, not only in the physical setting and the people with whom a child will interact, but also in activities, expectations and rules of conduct and in ways of learning. There are differences also between organizations and agencies responsible for schools and those that work with the child and the family in the home and community during the preschool years. This artifical division emphasizes rather than moderates differences and leads to un-coordinated programming that is not in the best interests of children making the transition, or of the respective institutions involved.

Even within the educational sector, a division is made between "preschool" and "primary school," when it would make more sense to treat the two together (at least the first one or two years of primary school). This organizational arrangement merits some rethinking. At a minimum, a semi-autonomous unit within the Ministry of Education might be created that would be charged with the responsibility for programmes covering the ages 3 to 8 (or even 1 to 8). This unit could be multidisciplinary, including individuals with health, nutrition, adult education and community development backgrounds. The non-education people might be "loaned," with the understanding that they would serve as a liaison to programmes in the health, nutrition and other programmes from which they came. This group could be overseen by an inter-ministerial committee.

There is a tendency to think that a child should be adjusted to the particular school he or she will enter. But schools should have an equal, or greater obligation to adjust themselves to the kinds of children they receive. Thus, the transition from home to school should be viewed as the interaction of a child's readiness for school, and a school's readiness for the child. The unit described above could help to work on this interaction from both sides. It could be concerned also with such ideas as:

- parental education programmes linked both to preschool and primary school.

- inclusion of childrearing and child development content in literacy and postliteracy programmes.

- locating preschools and primary schools nearby so that primary school children from upper grades might bring siblings to the preschool, picking them up at the end of their school day. Such an arrangement could help to increase enrolment in primary schools (particularly for girls). It could also open the possibility of including in the upper primary-school curriculum, a child-to-child component that would enable primary-school students to help in preschools.

- experimentation with a "Year 0" in which entering students are eased into primary school with a combination of play and preliteracy and numeracy activities.

- development of a phased bilingual education programme that would include instruction in the mother tongue in the earliest years.

- organize joint working groups of preschool and primary school teachers, or of parents and primary school teachers.

4. *Child care and development programmes for children of working mothers in low-income and single-parent conditions.* Special attention to children in these conditons is becoming more and more important. Here again, programmes should be brought together that are often separated bureaucratically: programmes enhancing women's income-earning capacity, and programmes to enhance early childhood development in preschools and child care centres.

A Call to Action

In this final decade of the 20th century, we are in a much better position to make a major and sustained advance in our programming for improved early care and development than we were in 1979 during the International Year of the Child. We have sounder knowledge and experience to draw upon. Appropriate technologies abound. With the improvement in rates of survival there is a growing commitment to look beyond survival. That commitment is evident in many communities and nations, in the expansion of early childhood programmes, even during a time of economic retrenchment and adjustment. But the stance of most international organizations toward investments in early childhood is still lukewarm at best. This, then, is a call to the international community to open itself to new and worthy ventures and to proceed with all due haste toward an enlightened programme of child survival **and development** during the 1990s so we all may reap the rewards in the year 2000 and beyond.

The challenge we face in programming for child survival, care and development is at once immediate and long term. In the remaining years of this century, many pages will be written about preparation for the 21st century. Many assessments will be made, accompanied by dreams for a better future. In all of this it would be well to remember that the primary school graduates of the year 2000 have already been born and are being prepared for their future lives. The infants and preschoolers of today will be the dreamers, builders and leaders of the 21st century. They will be responsible for seeking economic and social justice, for halting the devastation of our environment, and for building a world in which neighbours and nations can live together in peace.

What seems so far away is being influenced now. It is time to act if we wish to bolster development of tomorrow's citizenry, with a vision of a more equitable, humane, productive and peaceful world. And it is with some urgency, then, that this call to action is made.

References

Alva, Margaret, "Keynote Address to the Conference of the South Asian Association for Regional Cooperation on South Asian Children" in Children First, New Delhi, India, UNICEF, 1986.